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

2013

This Form is Open to Public Inspection

			y Complete an entries in	accordance with the instructions t	to the Form 550	и- эг.		
Pa	rt I	Annual Report	Identification Informatio	on				
For c	alenda	ar plan year 2013 or fis	cal plan year beginning 01/	01/2013 a	and ending	12/31/2	2013	
A T	his retu	urn/report is for:	a single-employer plan	a multiple-employer plan (not	t multiemployer)		a one-particip	pant plan
B T	his retu	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year return/report	t (less than 12 m	onths)	
C 0	heck b	oox if filing under:	Form 5558	automatic extension			DFVC progra	am
		J	special extension (enter de	escription)				
Pai	rt II	Basic Plan Info	rmation—enter all requested	information				
		of plan				1b	Three-digit	
		•	401 (K) PROFIT SHARING PL	AN			plan number	
							(PN) ▶	002
						1c	Effective date o	•
							01/01	
		oonsor's name and add . POLGAR, DMD, P.C.		mber (employer, if for a single-employ	yer plan)	2b	Employer Identi (EIN) 16-11	fication Number 11648
7 DIE	TZ STF	DEET				2c	Sponsor's telep	
		NY 13820				2d	Business code ((see instructions)
3a	Plan ac	dministrator's name an	d address XSame as Plan Spo	onsor Name Same as Plan Spons	sor Address	3b	Administrator's	
						3c	Administrator's	telephone number
4	16 41			- the least act and act of Class Class Countries	-1	41		
				ce the last return/report filed for this p	plan, enter the	4b	EIN	
	name,	EIN, and the plan nun	plan sponsor has changed sind nber from the last return/report.		plan, enter the	4b 4c		
_a :	name, Sponso	EIN, and the plan nun or's name	nber from the last return/report.			4c		7
а : 5а	name, Sponso Total n	EIN, and the plan nun or's name number of participants	nber from the last return/report.	ar		4c 5a		7
a : 5a b	name, Sponso Total n Total n Numbe	EIN, and the plan num or's name number of participants number of participants er of participants with a	at the beginning of the plan year at the end of the plan year	of the plan year (defined benefit plans	ns do not	4c 5a 5b		7
a : 5a b c	name, Sponso Total n Total n Numbe comple	EIN, and the plan number's name number of participants number of participants er of participants with a tet this item)	at the beginning of the plan yea at the end of the plan year	of the plan year (defined benefit plans	ns do not	4c 5a 5b 5c	PN	7
a 5 5a b c	name, Sponso Total n Total n Numbe comple Were	EIN, and the plan number's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end	of the plan year (defined benefit plans n eligible assets? (See instructions.)	ns do not	4c 5a 5b 5c	PN	7
a 5 5a b c	name, Sponso Total n Total n Numbe comple Were Are yo	EIN, and the plan number's name number of participants number of participants with a ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end during the plan year invested in the annual examination and rej	of the plan year (defined benefit plans n eligible assets? (See instructions.).	ns do not	4c 5a 5b 5c	PN	7
a 5 5a b c	name, Sponso Total n Total n Numbe comple Were Are yo under	EIN, and the plan number's name number of participants number of participants with a ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end during the plan year invested in the annual examination and report (See instructions on waiver eligible).	of the plan year (defined benefit plans n eligible assets? (See instructions.)	ns do not ic accountant (IC	4c 5a 5b 5c	PN	7 7 X Yes No
a 5 5a b c	name, Sponso Total n Total n Numbe comple Were Are yo under If you	EIN, and the plan number's name number of participants er of participants with a ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined benefit plans n eligible assets? (See instructions.). port of an independent qualified public gibility and conditions.)	ic accountant (IC	4c 5a 5b 5c PPA)	PN	7 7 X Yes No
a 5 5a b c	name, Sponso Total n Total n Numbe comple Were Are yo under If you If the p	EIN, and the plan number's name number of participants number of participants with a ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined benefit plans n eligible assets? (See instructions.). port of an independent qualified public gibility and conditions.) n cannot use Form 5500-SF and mu	ic accountant (IC	4c 5a 5b 5c Form	PN	7 7 X Yes No X Yes No
a s 5a b c 6a b	name, Sponso Total n Total n Numbe comple Were Are you under If you If the p	EIN, and the plan number's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end during the plan year invested in the annual examination and replaced in the second of the plan year invested in the annual examination and replaced in the plan year invested in the plan year invested in the plan is it covered under the por incomplete filing of this return.	of the plan year (defined benefit plans n eligible assets? (See instructions.). port of an independent qualified public gibility and conditions.) n cannot use Form 5500-SF and mu BGC insurance program (see ERISA	ic accountant (IC nust instead use A section 4021)?	4c 5a 5b 5c 5c PPA)	PN S500. Yes No established.	7 X Yes No Yes No Not determined
a S 5a b c 6a b C Caute Under SB o	name, Sponso Total n Total n Numbe comple Were Are you under If you If the p	EIN, and the plan number's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined benefit plans n eligible assets? (See instructions.). port of an independent qualified public gibility and conditions.) n cannot use Form 5500-SF and mu	ic accountant (IC nust instead use A section 4021)? Is reasonable can	4c 5a 5b 5c PPA) Form	PN 5500. Yes No established. ncluding, if applic	7 7 X Yes No X Yes No Not determined able, a Schedule
a S 5a b c 6a b C Caute Under SB or belier	Total notal	EIN, and the plan number's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined benefit plans n eligible assets? (See instructions.). port of an independent qualified public gibility and conditions.) n cannot use Form 5500-SF and mu BGC insurance program (see ERISA urn/report will be assessed unless tructions, I declare that I have examine	ic accountant (IC nust instead use A section 4021)? Is reasonable can	4c 5a 5b 5c PPA) Form	PN 5500. Yes No established. ncluding, if applic	7 7 X Yes No X Yes No Not determined able, a Schedule
a S 5a b c 6a b C Caut	Total notal	EIN, and the plan number's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year	of the plan year (defined benefit plans n eligible assets? (See instructions.). port of an independent qualified public gibility and conditions.) n cannot use Form 5500-SF and mu BGC insurance program (see ERISA urn/report will be assessed unless tructions, I declare that I have examin y, as well as the electronic version of	ic accountant (IC nust instead use A section 4021)? Is reasonable can	4c 5a 5b 5c Form use is port, irt, and	PN 5500. Yes No No established. ncluding, if applic to the best of my	7 7 X Yes No X Yes No Not determined able, a Schedule knowledge and
a S 5a b c 6a b C Caute Under SB or belier SIGN HER	Total normal Total	EIN, and the plan number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year	of the plan year (defined benefit plans n eligible assets? (See instructions.). port of an independent qualified public gibility and conditions.) n cannot use Form 5500-SF and mu BGC insurance program (see ERISA urn/report will be assessed unless tructions, I declare that I have examin y, as well as the electronic version of	ic accountant (IC nust instead use A section 4021)? Is reasonable can ned this return/re this return/repor	4c 5a 5b 5c Form use is port, irt, and	PN 5500. Yes No No established. ncluding, if applic to the best of my	7 7 X Yes No X Yes No Not determined able, a Schedule knowledge and
a S 5a b c 6a b C Caute Under SB or belier	name, Sponsor Total in Total in Number Complet Were Are younder If you lift the period of the period	EIN, and the plan number of participants number of participants of participants of participants of participants of participants with a set of participants of plan's assets of participants of plan's assets of participants of participants and set of participants of perjury and other participants of perjury and other participants of perjury and comparticipants of perjury and compartic	at the beginning of the plan year at the end of the plan year at the end of the plan year	of the plan year (defined benefit plans n eligible assets? (See instructions.) port of an independent qualified public gibility and conditions.) n cannot use Form 5500-SF and mu BGC insurance program (see ERISA urn/report will be assessed unless tructions, I declare that I have examin y, as well as the electronic version of the	ic accountant (IC nust instead use A section 4021)? Is reasonable can ned this return/re if this return/repor	4c 5a 5b 5c Form PPA) wse is port, irt, and	PN 5500. Yes No No No	7 X Yes No X Yes No Not determined Able, a Schedule knowledge and
a S 5a b c 6a b C Caute Under SB or belier SIGN HER	Total n Total n Numbe comple Were Are you under If you If the p cion: A er pena r Sche f, it is tr	EIN, and the plan number of participants number of participants of participants of participants of participants of participants with a set of participants of the plan's assets of participants of participants of participants and set of participants of perjury and other of participants of perjury and other of participants of perjury and comparticipants	at the beginning of the plan year at the end of the plan year at the end of the plan year	of the plan year (defined benefit plans n eligible assets? (See instructions.) port of an independent qualified public gibility and conditions.) n cannot use Form 5500-SF and mu BGC insurance program (see ERISA urn/report will be assessed unless tructions, I declare that I have examin y, as well as the electronic version of the Date Enter	ic accountant (IC nust instead use A section 4021)? Is reasonable can ned this return/repor	4c 5a 5b 5c Form Form use is port, irt, and	PN 5500. Yes No established. No	7 7 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor
a S 5a b c 6a b C Caute Under SB or belier SIGN HER	Total n Total n Numbe comple Were Are you under If you If the p cion: A er pena r Sche f, it is tr	EIN, and the plan number of participants number of participants of participants of participants of participants of participants with a set of participants of the plan's assets of participants of participants of participants and set of participants of perjury and other of participants of perjury and other of participants of perjury and comparticipants	at the beginning of the plan year at the end of the plan year at the end of the plan year	of the plan year (defined benefit plans n eligible assets? (See instructions.) port of an independent qualified public gibility and conditions.) n cannot use Form 5500-SF and mu BGC insurance program (see ERISA urn/report will be assessed unless tructions, I declare that I have examin y, as well as the electronic version of the	ic accountant (IC nust instead use A section 4021)? Is reasonable can ned this return/repor	4c 5a 5b 5c Form Form use is port, irt, and	PN 5500. Yes No established. No	7 X Yes No X Yes No Not determined Able, a Schedule knowledge and

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Da	t III. Financial Information								
	t III Financial Information								
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year		
-	Total plan assets	. 7a		1570863			997501		
	Total plan liabilities	. 7b		0	0				
_		ssets (subtract line 7b from line 7a))3			997501		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	1193	9					
	(2) Participants	8a(2)	323	9					
	(3) Others (including rollovers)	8a(3)		0					
	Other income (loss)	8b	24126	0					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					256438		
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	. 8d	82182	3					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f	Administrative service providers (salaries, fees, commissions)	. 8f	797	7					
g	Other expenses	. 8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					829800		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					-573362		
j	Transfers to (from) the plan (see instructions)	- 8j		0					
Par	t 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 for	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:		
_									
Part	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 Fidure)			10a		X	0		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		Χ	0		
С	Was the plan covered by a fidelity bond?			10c	X		100000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		X	0		
e	Were any fees or commissions paid to any brokers, agents, or oth						-		
Ŭ	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See		Χ				
	instructions.)			10e	,,		2400		
f	,, , .			10f	X	X	0		
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	-	·	10g	^		28370		
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		X			
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem								
11a	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr					11a	0		
12	Is this a defined contribution plan subject to the minimum funding		,			302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	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 instruc		, and e	enter th	ne date of the letter ruling Year		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule								
	Enter the minimum required contribution for this plan year		•			12b	0		

Page 3	3 -	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		0	
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		0	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X 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		0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		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(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust'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).

OMB Nos. 1210-0110

1210-0089

2013

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	ctions to the Form 5500	0-SF.		
	Identification Information					
For calendar plan year 2013 or fi	scal plan year beginning	1/1/2013	and ending	12	2/31/2013	
A This return/report is for:	🛮 a single-employer plan	a multiple-employer p	olan (not multiemployer)	ſ	a one-particip	ant plan
B This return/report is:	the first return/report	the final return/report		·		
	an amended return/report	<u> </u>	rn/report (less than 12 mo	onths)		
C Check box if filing under:	☐ Form 5558	automatic extension	This part was a second as a second	л _. ,	DFVC program	m
Check box it ming under.		ليا		L	_ Di vo piogiai	.14
Doois Disa Lafe	special extension (enter descrip	<u> </u>		· ·		
	ormation—enter all requested infor	rmation		r 4 h	I	
1a Name of plan	C DMD DO 404 (K) DDOEL	TOURDING DUAN			Three-digit plan number	200
KICHAKU L. POLGAR	R, DMD, P.C. 401 (K) PROFIT	SHAKING PLAN			(PN)	002
			;		Effective date of	plan
					1/1/20	•
2a Plan sponsor's name and ac	ddress, include room or suite number	(employer, if for a single	-employer plan)	2b	Employer Identifi	
RICHARD L. POLGAR, [OMD, P.C.	•				31111648
7 DIETZ STREET				2c	Sponsor's teleph	none number
F had I four 1 days Not 1 & Name tore 1					607432	25444
ONEONTA	NY			2d	Business code (s	
13820				Ĺ	6212	
3a Plan administrator's name a	ind address 🛛 Same as Plan Sponso	r Name ☐Same as Plar	n Sponsor Address	3b /	Administrator's E	EIN
				20	* (1-1-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	
				30 /	Administrator's te	elephone number
				1		
				l		
4 If the name and/or EIN of the	ne plan sponsor has changed since th	ne last return/report filed f	or this plan, enter the	4b	FIN	
name, EIN, and the plan nu	ımber from the last return/report.					
a Sponsor's name		<u></u>		4c	PN	
5a Total number of participants	s at the beginning of the plan year			5a		7
b Total number of participants	s at the end of the plan year			5b		7
c Number of participants with	account balances as of the end of the	e plan year (defined ben	efit plans do not			and,
complete this item)				5c	<u> </u>	7
	ts during the plan year invested in elig					Yes 🗌 No
	of the annual examination and report					[7] V [7] No.
	6? (See instructions on waiver eligibility)	•				Yes No
	either line 6a or line 6b, the plan ca					
C If the plan is a defined bene-	fit plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	<u>Ц</u>	Yes ∐ No ∐	Not determined
Caution: A penalty for the late	or incomplete filing of this return/r	report will be assessed	unless reasonable cau	se is e	stablished.	
Under penalties of perjury and ot	ther penalties set forth in the instruction	ions, I declare that I have	examined this return/rep	ort, inc	cluding, if applica	able, a Schedule
SB or Schedule MB completed a	and signed by an enrolled actuary, as	well as the electronic ver	sion of this return/report,	, and to	the best of my	knowledge and
belief, it is true, correct, and com	plete.					
SIGN Kuha	Mole.	7/15/14	Richard	Polo	Ta	
HERE Signature of plan a	-dministratar	- Data				1-1-1-1-1-1
Annini na minini na	Idministrator	Date	Enter name of individu	Jai sigi	ing as plan aum	Inistrator
SIGN HERE						*
Signature of emplo		Date	Enter name of individu			
Preparer's name (including firm r	name, if applicable) and address; incl	ude room or suite numbe	er (optional)	Prepa	rer's telephone r	number (optional)
			P	THE R. P. LEWIS CO., LANSING, MICH.		

Pa	rt III Financial Information	POR-10-10-10-2003							
7	Plan Assets and Liabilities	1000	(a) Beginning of Yea	ar	(b) End of Year			'ear	· · · · · · · · · · · · · · · · · · ·
a	Total plan assets	7a	15	7086	3 99			997	501
<u>b</u>	Total plan liabilities	7b			0				0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		7086	33 99			997	501
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
а	Contributions received or receivable from:	1							
-	(1) Employers	8a(1)		1193	95555	100	and a second		3845004. 384544.0
	(2) Participants	8a(2)		323	40.8				
	(3) Others (including rollovers)	8a(3)			0				
	Other income (loss)		2	<u>4126</u>	U			0.50	400
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		31.700.45		255		2564	138
u	to provide benefits)	8d	8:	2182	3 l				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	. 8f		797	7				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				Other personal race	No. Art and John Christian are specially and the physical action of	8298	300
i	Net income (loss) (subtract line 8h from line 8c)							-5733	362
J	Transfers to (from) the plan (see instructions)		A THE STATE OF THE	an the entire personal) 	1			
Pai	t IV Plan Characteristics	1 9		· ·	Violence of	O Male de Provincia	end sample of the second of	Menand-spitch	
Amprilance Spirit Stra	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 Char	acteris	stic Co	odes ir	the instruction	s:	***************************************
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in	the instructions		•
Par							1		
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	utiono vvithi	n the time period decaribed in	Γ	Yes	No	Am	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	uciary Cor	rection Program)	10a		✓			
b	on line 10a.)			10b		1			C
c				10c					100000
d			······································	100	V				100000
	or dishonesty?	<u></u>		10d		✓			0
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all								
	instructions.)			10e	√				2400
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		1		,	0
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	1				28370
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		1			
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	he required	notice or one of the	10i					
Part	776800000000000000000000000000000000000			101					
11	Is this a defined benefit plan subject to minimum funding requirem							Yes	——— П Na
11a	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr					11a		1 168	M No
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·				ERISA2 F	Yes	J No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			, UI 96	ULIOIT .	JUZ 01		1.65	A 140
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 instruc		and e				ng
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul			N/ I		Day	Ye	A1.	
	Enter the minimum required contribution for this plan year			· · · · · · · · · · · · · · · · · · ·		12b	<u> </u>	1 1	
	in the plant is a section of the plant year		***************************************	********					

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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 🗶 N	0
	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 to the PBGC?	he control		Yes 🗷 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.)	(s) to		
1	I3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)	·		
14a	Name of trust	14b ⊺	rust's EIN	

Filing Authorization for the 2013 Form 5500-SF

Name of Plan: Richard L. Polger, DMD, PC 401(k) Profit Sharing Plan

EIN/PN: 16-1111648/002

Plan Year Ending: December 31, 2013

Authorization of Practitioner to Electronically Sign and File PART I

I hereby authorize PenServ, Inc. to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority:

- 1/we must manually sign and date page 1 of the Form 5500-SF and provide a scanned copy of that signature page to PenServ, Inc. before the electronic filing can be initiated;
- · PenServ, Inc. will retain a copy of this written authorization in its records;
- · PenServ, Inc. will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- · A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- · PenServ, Inc. shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator: Red Jof	Date: 7/13/14
Employer/Plan Sponsor (if not the Plan Administrator):	Date:
PART II Acknowledgement of Receipt of Authorization	
On behalf of PenServ, Inc., I hereby certify that the firm will use express purposes described above; that the firm will not disclos other than the DOL, as required for EFAST filing; and that the fassure that confidential information provided by the Plan Adminifrom unauthorized disclosure. For PenServ, Inc.	se confidential information to any parties firm will take reasonable steps to istrator or Plan Sponsor is protected
(signature and title)	