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

2013

This Form is Open to Public Inspection

Part I		Identification Information	on				
For calend	dar plan year 2013 or f	iscal plan year beginning 01/	/01/2013	and ending 1	2/31/	2013	
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	oant plan
B This re	eturn/report is:	the first return/report	x the final return/repo	rt			
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension	1		DFVC progra	am
	ŭ	special extension (enter de	escription)				
Part II	Basic Plan Info	ormation—enter all requested	·				
1a Name					1b	Three-digit	
	•	DEFINED BENEFIT PENSION F	PLAN			plan number	
					4 -	(PN) •	003
					10	Effective date of 01/01/	•
2a Plan s	sponsor's name and a	ddress; include room or suite nun		le-employer plan)	2h	Employer Identi	
	L. POLGAR, DMD, PC			ie empleyer plany		, ,	11648
					2c	Sponsor's telep	hone number
7 DIETZ ST						607-432	2-5444
ONEONTA,	, NY 13820				2d	Business code (
			🗖 -		01	62121	
3a Plan a	administrator's name a	and address XSame as Plan Spo	onsor Name Same as Pl	an Sponsor Address	30	Administrator's I	ΞIN
					3с	Administrator's t	telephone number
							•
4 If the	name and/or EIN of th	ne plan sponsor has changed sind	on the last return/report files	I for this plan, optor the	1h	FIN	
		ie plan sponsor has changed sind imber from the last return/report.	•	noi this plan, enter the	40	EIN	
	sor's name				4c	PN	
5a Total	number of participants	s at the beginning of the plan yea	ar		5a		8
b Total	number of participants	s at the end of the plan year			5b		0
		account balances as of the end		-	-		
	olete this item)	5c					
	,						0
	e all of the plan's asset	ts during the plan year invested in	n eligible assets? (See instr	uctions.)			X Yes No
b Are y	e all of the plan's asset	ts during the plan year invested in	in eligible assets? (See instr	uctions.)ified public accountant (IQ	 PA)		
b Are y unde	e all of the plan's asset you claiming a waiver our 29 CFR 2520.104-46	ts during the plan year invested in	n eligible assets? (See instr port of an independent quali gibility and conditions.)	uctions.) ified public accountant (IQ	 PA)		X Yes No
b Are y unde	e all of the plan's asset you claiming a waiver our 29 CFR 2520.104-46 u answered "No" to e	ts during the plan year invested in of the annual examination and rep 6? (See instructions on waiver eliq	in eligible assets? (See instr port of an independent quali gibility and conditions.) n cannot use Form 5500-S	uctions.)fied public accountant (IQI	PA) Form	 i 5500.	X Yes No
b Are y unde If you	e all of the plan's asset you claiming a waiver o or 29 CFR 2520.104-46 u answered "No" to e plan is a defined bene	ts during the plan year invested in of the annual examination and rep of? (See instructions on waiver eliquetions on waiver eliquetions on the plan of the plan, is it covered under the P	in eligible assets? (See instr port of an independent quali gibility and conditions.) in cannot use Form 5500-S PBGC insurance program (se	uctions.)	PA) Form	ı 5500.] Yes ∑ No	Yes No Yes No
b Are y unde If you C If the Caution:	e all of the plan's asset you claiming a waiver of the 29 CFR 2520.104-46 u answered "No" to e plan is a defined bene A penalty for the late	ts during the plan year invested in of the annual examination and report (See instructions on waiver eliquenther line 6a or line 6b, the plane of the plane or incomplete filing of this reternal to the plane or incomplete filing of this reternal to the plane or incomplete filing of this reternal to the plane or incomplete filing of this reternal to the plane of the pl	in eligible assets? (See instr port of an independent quali gibility and conditions.) in cannot use Form 5500-S PBGC insurance program (se curn/report will be assesse	uctions.)	PA) Form	s 5500. Yes ⊠ No □ established.	Yes No Yes No Not determined
b Are y unde If you C If the Caution: A Under per SB or Sch	e all of the plan's asset you claiming a waiver our 29 CFR 2520.104-46 unanswered "No" to e plan is a defined bene A penalty for the late nalties of perjury and out of the late and the malties of perjury and out of the late and the malties of perjury and out of the late and the malties of perjury and out of the late and the malties of perjury and out of the late and the malties of perjury and out of the late and the malties of perjury and out of the late and the late a	ts during the plan year invested in of the annual examination and report (See instructions on waiver eliquether line 6a or line 6b, the plane of the plane or incomplete filing of this retained signed by an enrolled actuary	in eligible assets? (See instr port of an independent quali gibility and conditions.) in cannot use Form 5500-S PBGC insurance program (se curn/report will be assesse tructions, I declare that I have	uctions.)	PA) Form	yes No established.	Yes No Yes No Not determined able, a Schedule
b Are y unde If you C If the Caution: A Under per SB or Sch	e all of the plan's asset you claiming a waiver of the plan's 29 CFR 2520.104-46 and answered "No" to explan is a defined beneate of penalty for the late that the planties of perjury and or	ts during the plan year invested in of the annual examination and report (See instructions on waiver eliquether line 6a or line 6b, the plane of the plane or incomplete filing of this retained signed by an enrolled actuary	in eligible assets? (See instr port of an independent quali gibility and conditions.) in cannot use Form 5500-S PBGC insurance program (se curn/report will be assesse tructions, I declare that I have	uctions.)	PA) Form	yes No established.	Yes No Yes No Not determined able, a Schedule
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b Are y unde If you C If the Caution: A Under per SB or Sch belief, it is	e all of the plan's asset you claiming a waiver our 29 CFR 2520.104-46 unanswered "No" to e plan is a defined bene halties of perjury and out of the late the completed a true, correct, and completed a true, correct, and completed and true, and tr	ts during the plan year invested in of the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plane of the penalties set forth in the instant signed by an enrolled actuary applete.	in eligible assets? (See instr port of an independent quali gibility and conditions.) in cannot use Form 5500-S PBGC insurance program (se curn/report will be assesse tructions, I declare that I have	uctions.)	Form	Yes No sestablished. ncluding, if applic to the best of my	Yes No Yes No Not determined able, a Schedule knowledge and
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b Are y unde If you C If the Caution: A Under per SB or Sch belief, it is SIGN HERE	e all of the plan's asset you claiming a waiver or 29 CFR 2520.104-46 u answered "No" to e plan is a defined bene A penalty for the late nalties of perjury and o needule MB completed a true, correct, and com Filed with authorized Signature of plan a	ts during the plan year invested in of the annual examination and report (See instructions on waiver eliquenter line 6a or line 6b, the plan of the plan, is it covered under the Portion of this return the penalties set forth in the instand signed by an enrolled actuary applete. Idvalid electronic signature.	in eligible assets? (See instr port of an independent quali gibility and conditions.) in cannot use Form 5500-S PBGC insurance program (se surn/report will be assesse tructions, I declare that I hav y, as well as the electronic v	uctions.)	PA) Form se is se is, , and	restablished. ncluding, if applic to the best of my gning as plan adm	Yes No Yes No Not determined able, a Schedule knowledge and
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	·			(b) End of Year
<u>'</u> a	Total plan assets	7a	(a) Beginning of Tea				(b) End of Teal
b	Total plan liabilities	7b		0			0
	Net plan assets (subtract line 7b from line 7a)	7c	22667	4			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
<u>b</u>	Other income (loss)	8b	3247	1			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					32471
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	25914	5			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					259145
i	Net income (loss) (subtract line 8h from line 8c)	8i					-226674
j	Transfers to (from) the plan (see instructions)	8j		0			
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	c Coo	les in t	he instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а				10a		X	0
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х	0
c	Was the plan covered by a fidelity bond?			10c	Χ		30000
d		fidelity box	nd, that was caused by fraud	10d		X	0
	Were any fees or commissions paid to any brokers, agents, or oth			100			
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X	
	instructions.)			10e			0
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	0
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X	0
h	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 5500) and line 11a below)	•					·
11a	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 amortize	ed in this plan year, see instruc		and e	enter th	ne date of the letter ruling Year
14	you completed line 12a, complete lines 3, 9, and 10 of Schedule						

Page	3	-	1	
гаус	J	_		

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?	X	′es 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		X Yes	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			
	13c(1) Name of plan(s):	13c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺r	ust's EIN		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2013

OMB No. 1210-0110

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	File	as an attachme	nt to Form	5500 or 55	500-SF.				
For calendar	plan year 2013 or fiscal pl		01/01/2013			and end	ing 12/3	1/2013		
Round of	ff amounts to nearest do	lar.								
Caution:	A penalty of \$1,000 will be	assessed for late filin	ng of this report ι	unless reaso	onable cau	se is establish	ned.			
A Name of p	olan POLGAR, DMD, PC DEFI	NED BENEFIT PENS	ION PLAN		I	B Three-di	git nber (PN)		003	
						pian nur	nber (PN)			
•	sor's name as shown on lir	ne 2a of Form 5500 or	5500-SF		l	D Employer	Identificat	ion Number	(EIN)	
RICHARD L.	POLGAR, DMD, PC						16-1111	1648		
_										
E Type of pla	an: X Single Multiple	-A Multiple-B	F	Prior year pla	an size: X	100 or fewer	101-5	00 More	than 500	
Part I	Basic Information									
	ne valuation date:	Month 01	Day01	Year 2	2013					
2 Assets:										
a Marke	et value						2a			226674
	arial value						2b			226674
3 Funding	g target/participant count bi	eakdown:			(1) Nu	mber of partic	ipants	(2)	Funding Target	
	etired participants and bene	0.,					0			C
b For te	erminated vested participar	ıts		3b			0			C
C For a	ctive participants:									
(1)	Non-vested benefits									C
(2)	Vested benefits			3c(2)						135166
(3)	Total active			3c(3)			8			135166
d Total				. 3d			8			135166
4 If the pla	an is in at-risk status, chec	k the box and complet	te lines (a) and (b)						
a Fundi	ing target disregarding pres	scribed at-risk assump	otions				4a			
	ing target reflecting at-risk risk status for fewer than fi		0 0				4b			
5 Effective	e interest rate						5			6.45 %
6 Target r	normal cost						6			0
Statement by	y Enrolled Actuary									
accordance v	of my knowledge, the information su with applicable law and regulations. offer my best estimate of anticipate	In my opinion, each other as	sumption is reasonable							
SIGN										
HERE								06/27/	2014	
	S	ignature of actuary						Date		
FRANK A. FA	NELLI							14-03	633	
	Туре	or print name of actual	ry				Most re		nent number	
PENSERV, IN	NC.							914-7	09-4004	
,		Firm name				Т	elephone		uding area code	<u></u>
118 N. BEDF	ORD ROAD						,	- (5	•
SUITE 303 MOUNT KISO	CO, NY 10549									
		Address of the firm								
If the actuary h	nas not fully reflected any r	egulation or ruling pro	mulgated under	the statute	in completi	ing this sched	ule, check	the box and	see	

Page	2	-
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Pa	rt II	Begin	ning of Year (Carryov	er and	Prefunding B	alances								
									(a) (Carryover balanc	e	(b)	Prefund	ng balar	nce
7		-	nning of prior year		-	•					0				44437
8			or use to offset pri	-	-						0				0
9			ng (line 7 minus lin								0				44437
10	Interest	on line 9	using prior year's	actual ret	turn of	22.44%					0				9970
11	Prior ye	ar's exce	ess contributions to	be added	d to prefu	nding balance:									
	a Prese	ent value	of excess contribu	tions (line	38a from	n prior year)									0
			using prior year's provided (see inst												0
	C Total	available	at beginning of curr	ent plan ye	ear to add	to prefunding bala	nce								0
	d Portion	on of (c)	to be added to pre	funding ba	alance										0
12	Other re	eductions	in balances due t	o election	s or deem	ned elections					0				0
13	Balance	e at begir	nning of current yea	ar (line 9 -	+ line 10 -	+ line 11d – line 12	<u>2)</u>				0				54407
P	art III	Fun	ding Percenta	ges											
14	Funding	g target a	ttainment percenta	ge									14	127	7.44 %
15	Adjuste	d funding	target attainment	percentag	ge								15	167	7.70 %
16			ing percentage for nding requirement									e	16	124	4.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage									17	(0.00 %				
Part IV Contributions and Liquidity Shortfalls															
18	Contrib		ade to the plan for				ployees:								
(N	(a) Dat IM-DD-Y		(b) Amount pa employer(s			mount paid by employees	(a) [(MM-DD)		(Y)	(b) Amount employe		((c) Amount paid by employees		
													_		
							Totals ►		18(b)		C	18(c)			0
19	Discour	nted emp	loyer contributions	– see ins	tructions	for small plan with	a valuation	date	after tl	he beginning of t	he year:				
	a Conti	ributions	allocated toward u	npaid min	nimum rec	uired contribution	s from prior	years	3		19a				0
	b Contr	ributions	made to avoid rest	rictions a	djusted to	valuation date					19b				0
	C Contr	ibutions a	allocated toward mir	nimum req	uired cont	ribution for current	year adjusted	to va	aluatior	n date	19c				0
20	Quarter	ly contrib	outions and liquidity	/ shortfalls	s:								_	_	
	a Did tl	he plan h	ave a "funding sho	ortfall" for t	the prior y	/ear?							[Yes	X No
	b If line	20a is "	Yes," were require	d quarterly	y installm	ents for the currer	it year made	in a	timely	manner?				Yes	No
	C If line	20a is "	Yes," see instruction	ons and co											
		(1) 1-	×+ T			lity shortfall as of e	end of quarte	er of t					(4) 4tl	<u> </u>	
		(1) 1s	0		(2)	2nd	0		(3)	3rd	0		(4) 4t	1	0

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost						
21	Discou	nt rate:									
	a Seg	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment 6.76 %		N/A, fu	ıll yield	curve	e used	
	b Appl	icable month (enter code)			21b				0	
22	Weight	ed average ret	irement age			22				65	
23	Mortali	ty table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitut	te				
Pa	rt VI	Miscellane	ous Items								
24		_		uarial assumptions for the current					Yes	X No	
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		<u>П</u>	Yes	X No	
				Participants? If "Yes," see instruc					Yes	☐ No	
27	If the p	lan is subject to		er applicable code and see instruc		27					
Da	rt VII			ım Required Contribution	e For Prior Veare	<u>1 </u>					
28			-	years		28				0	
29			•	I unpaid minimum required contrib		†				0	
						29				0	
30	Remair	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30				0	
Pa	rt VIII	Minimum	Required Contribution	For Current Year							
31	Target	normal cost a	nd excess assets (see instruct	ions):							
	a Targe	et normal cost	(line 6)			31a				0	
	b Exce	ss assets, if ap	oplicable, but not greater than	line 31a		31b				0	
32	32 Amortization installments: Outstanding E						lı	nstallm	ent		
	a Net s	shortfall amortiz	zation installment			0					
	b Waiv	er amortization	n installment			0				0	
33				ter the date of the ruling letter grar) and the waived amount		33					
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				0	
				Carryover balance	Prefunding bala	nce	To	tal bala	ance		
35			use to offset funding	0		0				0	
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				0	
37				ontribution for current year adjuste		37				0	
38	Presen	t value of exce	ess contributions for current ye	ar (see instructions)							
	a Total	(excess, if any	y, of line 37 over line 36)			38a				0	
	b Portion	on included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				0	
39	Unpaid	minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39				0	
40	Unpaid	minimum requ	uired contributions for all years	·		40				0	
Pa	t IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)					
41	If an ele	ection was mad	de to use PRA 2010 funding re	elief for this plan:							
	a Sche	dule elected	-			П	2 plus 7 yea	ırs	15	years	
	b Eligib	ole plan year(s) for which the election in line	41a was made				2010	_	2011	
42			•			42			<u> </u>		
				d over to future plan years		43					

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

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 1/1/2013 and ending 12/31/2013 A This return/report is for:		00-SF.
A This return/report is for:	COMPANDATION DESCRIPTION OF THE PROPERTY OF TH	
B This return/report is:		12/31/2013
C Check box if filing under:	This return report is 101.	a one-participant plan
C Check box if filling under:		
Special extension (enter description) Part III Basic Plan Information—enter all requested information 1a Name of plan RICHARD L. POLGAR, DMD, PC DEFINED BENEFIT PENSION PLAN 1c Effective date of plan 1/1/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 1c Effective date of plan 1/1/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number RICHARD L. POLGAR, DMD, PC 2c Sponsor's telephone number 6074325444 2d Business code (see instructions) 621210 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephone number 621210 3a Plan administrator's name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN 5a Total number of participants at the beginning of the plan year 5a 8 8 5b Total number of participants at the end of the plan year 5a 8 8 5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 7ec N 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions) 7ec N 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions) 7ec N 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions) 7ec N 6a Were all of the plan's assets during the plan year invested in eligible ascound the plan on depoted on the plan year surveyer of the annual examination and report of an independent qualified public accountant (IQPA) 1 1b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 1 1b Are you claiming a waiver of the annu	an amended return/report a short plan year return/report (less than 12 n	nonths)
Part II	C Check box if filing under: Form 5558 automatic extension	DFVC program
1	special extension (enter description)	
RICHARD L. POLGAR, DMD, PC DEFINED BENEFIT PENSION PLAN plan number (PN)	Part II Basic Plan Information—enter all requested information	
Composition of the plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Composition of the plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Composition of the plan sponsor's telephone number (ein) 161111648		· · · · · · · · · · · · · · · · · · ·
C Effective date of plan 1/1/2007	RICHARD L. POLGAR, DMD, PC DEFINED BENEFIT PENSION PLAN	1 1 000
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) RICHARD L. POLGAR, DMD, PC 7 DIETZ STREET ONEONTA 13820 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5 Total number of participants at the beginning of the plan year. C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.). 6 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 252.0104-46? (See instructions on waiver eligibility and conditions). If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		
RICHARD L. POLGAR, DMD, PC 7 DIETZ STREET ONEONTA NY 13820 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the end of the plan year 5a 8 b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 6b 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		
ONEONTA NY 13820 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year Same as of the end of the plan year (defined benefit plans do not complete this item). C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 6b 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) RICHARD L. POLGAR, DMD, PC	
ONEONTA 13820 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4 EIN 4 EIN 5 Total number of participants at the beginning of the plan year. 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.). 6 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.). 1 Yes New 1 New 210 He plan 4 Stouch 10 Plan	7 DIETZ STREET	
A lift the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the end of the plan year		2d Business code (see instructions)
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year		3b Administrator's EIN
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year		3c Administrator's telephone number
name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year		7 tanimienater e telephone (taniber
name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year		**
name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year		
name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year		
a Sponsor's name 5a Total number of participants at the beginning of the plan year		4b EIN
b Total number of participants at the end of the plan year		4c PN
b Total number of participants at the end of the plan year	5a Total number of participants at the beginning of the plan year	5a 8
complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	b Total number of participants at the end of the plan year	
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.)		5c 0
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	Yes No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes 🗹 No 📋 Not determined		
	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Yes No Not determined
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.		
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete	SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report	eport, including, if applicable, a Schedule rt, and to the best of my knowledge and
SIGN Roward Polar Tr	SIGN OMNOLA 7/15/14 Richard	Polar To
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator		dual signing as plan administrator
SIGN		
#HERE		dual signing as employer or plan sponsor
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)	Preparer's telephone number (optional)
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		

					.,			·	
Pa	rt III. Financial Information					·			
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End	of Year	
	Total plan assets	7a	2	<u> 2667</u>					0
_ <u>b</u>	Total plan liabilities	7b			<u> </u>				0
	Net plan assets (subtract line 7b from line 7a)	7c		2667	4				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		26.83	Date in Vend	(b)	rotal	2006 SW 869 L Brokes
а	Contributions received or receivable from: (1) Employers	8a(1)			٠١٠				
	(2) Participants.	8a(2)	- 1		0				
	(3) Others (including rollovers)	8a(3)	en , en		n		61,247,3		
b	Other income (loss)			3247	98753	laye ay. Maga			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	T				GEOGRAPHICA ALITY		A THE CRACKER SHEET	32471
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	5914	5				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	. 8f			0	wiii			
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	59145
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		1110				-22	26674
j	Transfers to (from) the plan (see instructions)	- 8j		1	0				
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Co	des in l	he instruc	ions:	
Children School		<u> </u>		·····					
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amoun	t
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corr	ection Program)	10a		1			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		1			
Ç	Was the plan covered by a fidelity bond?			10c	√				3000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		1			
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 ben	efits under the plan? (See	10e		√			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		1			
	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	10g		1			<u> </u>
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g 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	VI Pension Funding Compliance							A STATE OF THE STA	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							7 Y	es No
11a	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·				ERISA?	ΠY	es 📝 No
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.		······································						
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	ed in this plan year, see instru		and o	enter tl Day	ne date of	he letter Year _	ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul								
b	Enter the minimum required contribution for this plan year					12b			
		-							

	Form 5500-SF 2013 Page 3 -				
					
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 to negative amount)		12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A
Part	t VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Ye	s 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 b of the PBGC?		control		× Yes 🗌 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	entify the plan(s)	10		
1	13c(1) Name of plan(s):	1:	3c(2) EIN	(s)	13c(3) PN(s)
-					
Part	t VIII Trust Information (optional)	_		· ·	·
14a	Name of trust		14b Tru	st's EIN	
		•			

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the

Internal Revenue Code (the Code).

OMB No. 1210-0110 2013

This Form is Open to Public Inspection

	File as an attachment to Form 5500 or 5500-SF.				
For	calendar plan year 2013 or fiscal plan year beginning 1/1/2013 and	ending 1	2/31/2013		
1	Round off amounts to nearest dollar.				
•	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is estable	olished.		· · · · · · · · · · · · · · · · · · ·	
ΑN		e-digit		003	
RI	CHARD L. POLGAR, DMD, PC DEFINED BENEFIT PENSION PLAN	number (P	N) P		ad at the
C F	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Emplo	yer Identifi	cation Number	(EIN)	3.335(Zoon) N. Sag 11.186(3.18
	CHARD L. POLGAR, DMD, PC		16111164		
ΕT	Type of plan: ヌ Single Multiple-A Multiple-B F Prior year plan size: ヌ 100 or few	ver ∏ 10°	I-500 More	than 500	
	art I Basic Information				
4	Enter the valuation date: 1/1/2013	·	····	· · · · · · · · · · · · · · · · · · ·	
2					
2	Assets: a Market value	22	ROBERT TO THE STREET	2266	74
		21		2266	
	b Actuarial value				
3	Funding target/participant count breakdown: (1) Number of participants and beneficiaries receiving payment	articipants	(2)	Funding Target 0	
	a for following participants and solutions			0	
				U TENERAL TENE	2012-25
	C For active participants:			0	C-40, 10
	(1) Non-vested benefits			135166	
	(2) Vested benefits	diperior de la como	<u> </u>		
	(3) Total active			135166	
	d Total		87.5527.563ma#81610	135166	Anaga vsais
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)				
	a Funding target disregarding prescribed at-risk assumptions	<u>4</u> 6	1		,
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been)		
	at-risk status for fewer than five consecutive years and disregarding loading factor	5		6.45	%
. 5	Effective interest rate	6	."		/0
6	Target normal cost			0	
	tement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is a accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the combination, offer my best estimate of anticipated experience under the plan.	complete and a e plan and rea	ccurate, Each presc sonable expectations	ribed assumption was s) and such other assu	applied in imptions, in
H	HERE Frank a. fanelli	· · · · · · · · · · · · · · · · · · ·	6/27/20	14	· · · · · · · · · · · · · · · · · · ·
	Signature of actuary		Date		
_FF	RANK A. FANELLI		140363	33	·
	Type or print name of actuary	Mos	st recent enrolln	nent number	
PE	ENSERV, INC.	4	9147094	004	
	Firm name	Telepho	ne number (inc	luding area code)
	8 N. BEDFORD ROAD				
	JITE 303				
_M	OUNT KISCO NY 10549 Address of the firm				
	e actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this so uctions	hedule, che	eck the box and	see	
	Daperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or	5500-SF.	Sched	ule SB (Form 5	500)

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: RICHARD L. POLGAR, DMD, PC DEFINED BENEFIT PENSION PLAN

Plan EIN: 16-1111648 Plan Number: 003

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment: 4.94%
Second Segment: 6.15%
Third Segment: 6.76%

IRC404 Funding Yield Curve Segmented Rates

First Segment: 1.62%
Second Segment: 4.4%
Third Segment: 5.45%

Pre-Retirement Valuation Assumptions

Mortality Table 2013 430(h)(3)(A)-Optional combined

Retirement Valuation Assumptions

Mortality Table 2013 430(h)(3)(A)-Optional combined

Mortality table applied on a static basis

IRC417(e)(3) Interest Assumption

Segment Rate same as Funding Yield Curve Segmented Rates

IRC417(e)(3) Pre-retirement Mortality

Mortality Table None

IRC417(e)(3) Retirement Mortality

Mortality Table 2013 417(e)(3) Applicable Mortality Table

Optional Forms Assumption

0% of participants will elect the Plan Normal Form

0% of participants will elect a 50% Joint & Contingent annuity

100% of participants will elect a Lump Sum (single payment)

Retirement Actuarial Equivalence Assumptions

1st Segment Rate: 0.96% Effective annual rate
2nd Segment Rate: 3.57% Effective annual rate
3rd Segment Rate: 4.58% Effective annual rate

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: RICHARD L. POLGAR, DMD, PC DEFINED BENEFIT PENSION PLAN

Plan EIN: 16-1111648 Plan Number: 003

Mortality Table 2013 417(e)(3) Applicable Mortality Table

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings 5% Effective annual rate

Mortality Table 2013 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings 5.5% Effective annual rate

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: RICHARD L. POLGAR, DMD, PC DEFINED BENEFIT PENSION PLAN

Plan EIN: 16-1111648 Plan Number: 003

Plan Effective Date January 1, 2007

Plan Anniversary Date January 1, 2013

Participation Eligibility For an Employee hired after the Effective Date:

Minimum age: 21 and

Minimum months of service: 12

For an Employee hired on or before the Effective Date:

Minimum age: None

Minimum months of service: None

Plan Entry Date For an Employee hired after the Effective Date:

01/01 or 07/01 coincident with or following the satisfaction of the

requirements

For an Employee hired on or before the Effective Date:

Anniversary coincident with or following the satisfaction of the

requirements

Normal Retirement Date First day of the month coincident with or following age 65 and the

completion of 5 years of participation

Normal Form of Benefit Single Life Annuity

(Qualified Joint and Survivor annuity is the required standard option)

Retirement Benefit Optional Forms 50% Monthly Joint and Contingent Annuity

Lump Sum (single payment)

Normal Retirement Benefit Benefit Formula:

Maximum total years of service: 10 Maximum years of past service: 0

IRC415 maximum annual benefit: \$205,000 Actuarially adjusted under IRC415(b) for benefit

commencement age and benefit form Benefit limited to 100% of compensation

Minimum benefit: 2% of compensation per year of topheavy plan

participation up to 10

Compensation Definition Highest consecutive 5 year average salary over all participation

Annual salary up to \$255,000 considered

Vested Retirement Benefit Vesting Schedule:

20% a year after 2 years (100% after 6 years)

Computation Period: Plan Years

Based on periods of service rounded to nearest year

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: RICHARD L. POLGAR, DMD, PC DEFINED BENEFIT PENSION PLAN

Plan EIN: 16-1111648 Plan Number: 003

Accrued Retirement Benefit

Units accrued to date

Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name: RICHARD L. POLGAR, DMD, PC DEFINED BENEFIT PENSION PLAN

Plan EIN: 16-1111648 Plan Number: 003

									Ye	ars of Cre	dited S	ervice								
	< 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40+	
		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.
Age	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.
<25																				
25-29																				
30-34					1															
35-39									1											
40-44					1		1		1											
45-49									1											
50-54																				
55-59																				
60-64					1										1					
65-69																				
70+																				

Age is attained age as of the valuation date.

indicates the number of active participants in an age and service category.

RICHARD L. POLGAR, DMD, PC DEFINED BENEFIT PENSION PLAN Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name: RICHARD L. POLGAR, DMD, PC DEFINED BENEFIT PENSION PLAN

Plan EIN: 16-1111648 Plan Number: 003

The weighted average retirement age of 65 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.