## 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

	• •	Complete all entries in	accordance with the instr	uctions to the Form 5	000-5F.		
Part	I Annual Report	Identification Information	on				
For cal	endar plan year 2013 or f	iscal plan year beginning 01/	/01/2014	and ending	07/31/2	014	
<b>A</b> Thi	s return/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemploye	r)	a one-particip	oant plan
<b>B</b> Thi	s return/report is:	the first return/report	x the final return/report	rt			
		an amended return/report	x a short plan year retu	urn/report (less than 12	months)		
C Ch	eck box if filing under:	Form 5558	automatic extension	l		DFVC progra	ım
		special extension (enter de	escription)				
Part	II Basic Plan Info	ormation—enter all requested	I information				
	me of plan					Three-digit	
RICHAR	D L. POLGAR, DMD, P.C	:. 401 (K) PROFIT SHARING PL	AN			plan number (PN)	002
						Effective date of	
						01/01/	•
	an sponsor's name and ac	ddress; include room or suite nur	mber (employer, if for a singl	e-employer plan)		Employer Identii (EIN) 16-11	fication Number
						Sponsor's telep	
	FORD DRIVE TA, NY 13820				2d		see instructions)
						62121	0
<b>3a</b> Pla	an administrator's name a	nd address XSame as Plan Spo	onsor Name Same as Pl	an Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	telephone number
<b>4</b> If	the name and/or EIN of th	e plan sponsor has changed sine	ce the last return/report filed	for this plan, enter the	4b	FIN	
		imber from the last return/report.	·	, , , , , , , , , , , , , , , , , , ,	10	LIIV	
<b>a</b> Sp	onsor's name				4c	PN	
<b>5a</b> ⊤o	otal number of participants	s at the beginning of the plan year	ar		5a		7
<b>b</b> To	otal number of participants	s at the end of the plan year			5b		0
		account balances as of the end	, ,		5c		0
	•	ts during the plan year invested i	• ,	•			X Yes No
		of the annual examination and re					X Yes No
		6? (See instructions on waiver elimenter line 6a or line 6b, the pla					A 163   140
		fit plan, is it covered under the P			_		Not determined
<b>U</b> II	ine plan is a defined bene	int plant, is it covered under the r	500 insurance program (30	C ENION Section 4021)	· ····· <u> </u>		Not determined
		or incomplete filing of this ret					
SB or S		ther penalties set forth in the inst and signed by an enrolled actuary uplete.					
SIGN	Filed with authorized	/valid electronic signature.					
HERE	Signature of plan a	administrator	Date	Enter name of indiv	idual sigi	ning as plan adn	ninistrator
SIGN						-	
HERE	Signature of emplo	over/plan spensor	Date	Enter name of indiv	idual sidi	ning as employe	r or plan sponsor
Drong		over/bian sponsor					
riepar	er's name (including firm i	name, if applicable) and address	; include room or suite numb				number (optional)
riepar	er's name (including firm i		s; include room or suite numb				
riepar	er's name (including firm i		s; include room or suite numb				
riepar	er's name (including firm i		s; include room or suite numt				
riepar	er's name (including firm i		s; include room or suite numb				

Form 5500-SF 2013 Page **2** 

Pai	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	· r			(b) End	of Voc	r	
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella	OI I Ca	0	
<u>u</u>	Total plan liabilities	7a		0					0	
	Net plan assets (subtract line 7b from line 7a)	7c	99750	1					0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
	Contributions received or receivable from:		(a) Amount				(1)	otai		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)	2300	0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	4023	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						63	3232	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	105883	7						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	189	6						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						106	0733	
i_	Net income (loss) (subtract line 8h from line 8c)	8i						-99	7501	
<u>j</u>	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 f 2A 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteris	tic Co	odes in	the instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	cteristi	c Coo	des in t	he instructi	ons:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amou	ınt	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X				0
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	•	•	10b		X				0
С	Was the plan covered by a fidelity bond?			10c	X				1	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's to dishonesty?	-	-	10d		X				0
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of	er person	s by an insurance carrier,		V					
	instructions.)			10e	X					1644
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		X				0
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	Χ					0
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 2520.101			10i		X				
Part										
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	•					,	П	Yes	X No
112	Enter the unpaid minimum required contribution for current year fro					11a				0
12							EDICAG		Yes	X No
14	Is this a defined contribution plan subject to the minimum funding	-		or se	CUON	JUZ ÜÍ	LRISA!	Щ	1 53	A INU
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortiz	ed in this plan year, see instruc		and e	enter th	ne date of the	ne lette Year	er ruli	ng
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule			u1		Day		ı caı		
	Enter the minimum required contribution for this plan year	•				12b				0

Page	3	- [	1
гаус	J	- 1	

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):	<b>13c(2)</b> El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	<b>14b</b> ⊺r	ust's EIN		

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<u> 2013</u>

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OMB Nos. 1210-0110 1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

_Part [∰	Annual Report	i Identification Information					
For calend	ar plan year 2013 or f	iscal plan year beginning 1	/1/2014	and ending		7/31/2014	
A This re	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-participa	int plan
	turn/report is:	the first return/report	the final return/report			had	
	tuitin op of the	an amended return/report		n/report (less than 12 m	onths'	1.	
C Charle	have to filling a malays	☐ Form 5558	automatic extension	inopon (1000 man 12 m	•	DFVC program	
C Check	box if filing under:	<b>!</b>	J .			D pr. Ac brodian	,
m: (11	<u> </u>	special extension (enter descrip					
Part II	<del>/////////////////////////////////////</del>	ormation—enter all requested infor	mation		1 41-	<del></del>	
1a Name		R, DMD, P.C. 401 (K) PROFIT	CHADIMO DI AAI		ar	Three-digit plan number	000
NO	TAND L. FOLGA	1, DIVID, P.C. 401 (K) PROPI	SHARING FLAN			(PN)	002
					1c	Effective date of	olan
<u> </u>						1/1/20	
2a Plans	ponsor's name and a	ddress; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identific	
RICHA	RD L. POLGAR, I	JIVID, P.C.				(EIN) 16°	1111648
143 BA	LFORD DRIVE			:	2c	Sponsor's telepho	
						6074332	
ONEON	<b>NTA</b>	NY			20	Business code (se	
13820		red address Doses as Diss Occurs	. Мана — Полька — Віль	. A	26	6212 Administrator's El	
oa Pian a	oministrators name a	nd address 🏿 Same as Plan Sponsor	Name Dame as Plar	Sponsor Address	30	Administrator's El	IN .
					3c	Administrator's tel	ephone number
4		<del></del>					
		e plan sponsor has changed since the mber from the last return/report.	e last return/report filed fo	or this plan, enter the	4b	EIN	
•	or's name	most nom the fact total propert.			4c	PN	
5a Total	number of participants	at the beginning of the plan year		*************	5a		7
b Total i	number of participants	at the end of the plan year	**********************	**********************	5b		<del></del>
		account balances as of the end of the					
		***************************************			5c	(	<u> </u>
	The state of the s	s during the plan year invested in elig	the state of the s				Yes No
		f the annual examination and report o					Yes No
		? (See instructions on waiver eligibility Ither line 6a or line 6b, the plan can					KI 169 LI 1/0
		fit plan, is it covered under the PBGC		A Committee of the Comm			Vot determined
				<del></del>		<u> </u>	vot acterminea
		or incomplete filing of this return/re					····
Under pena	alties of perjury and ot	her penalties set forth in the instruction and signed by an enrolled actuary, as well	ns, I declare that I have o	examined this return/rep	ort, in	cluding, if applicab	le, a Schedule
	rue, correct, and com		well as the electronic vers	sion of this return eport,	anu t	o the best of my ki	lowledge alki
	2 × 2 1 2.		15 10 11	10.21	0	1 2	
SIGN HERE	BUTTE		12-19-2014	Richard	10	lgar Si	<u> </u>
HEKE	Signature of plan a	dministrator	Date	Enter name of individu	ıal sig	ning as plan admir	Istrator
SIGN	Wist AM		12-19-2014	RICLARD F	-)90	1 31 V	
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of Individu			r plan sponsor
Preparer's	name (including firm n	name, if applicable) and address; inclu	ide room or suite number	(optional)		arer's telephone nu	
			<u>.</u>				
				<u> </u>	giga in	And the state of t	www.com
	A contract the second		<u> </u>		: 51112.7		e ware regular areas e e e e e e e e e

Pa	rt III   Financial Information					<del></del>			<u> </u>	· · · · · ·
7	Plan Assets and Liabilities	provinski čil	(a) Beginning of Ye	ar	Т		(b) End	I of Ye	ar	
a	Total plan assets	7a		9750	1		(15) 1.110	10/10	a1	0
<u>u</u>		7b			o l		<del>- 1</del>			0
C	Net plan assets (subtract line 7b from line 7a)	7c	Δ	9750	<u> </u>	·				0
8	Income, Expenses, and Transfers for this Plan Year	La. West	(a) Amount	<u> </u>			/b)	Total	<del></del>	<del>-</del>
a	Contributions received or receivable from:	ment is annual toni	(a) Amount				(D)	Total		200 ja <u>V</u>
	(1) Employers	8a(1)		<u> </u>	ام			21 ( 2 242 manim		
	(2) Participants	8a(2)		2300	0	energen bereit Granden bereit			,	
	(3) Others (including rollovers)	8a(3)			0.		# 1			
b	Other income (loss)	8b		4023	2		+ 11 1 4 10 10 10 10 10 10 10 10 10 10 10 10 10			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	access reads personally measures and requirement of the measure department of the control of the						632	32
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10	5883	7	10 ( 10 ( 10 ( 10 ( 10 ( 10 ( 10 ( 10 (	egan (g. em. em grave) egan egan eg em eksenn et kreiter et et kreis et egan em e			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		189	6				glikkiji.	11-11-11-11
g	Other expenses	8g		, 1	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			27)			10	607	33
i	Net Income (loss) (subtract line 8h from line 8c)	. 8i	e at est si i como at estada a constituir de la constitui		in V			-{	975	01
J	Transfers to (from) the plan (see instructions)	81		(	)		an in the section of			Andreas production of the control of
Pa	rt IV Plan Characteristics	استا				<del>,</del>				
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteri	stic Co	odes ir	the instru	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cleris	ic Cod	ies in i	the instruct	ions:		
Par	V Compliance Questions					-				
10	During the plan year:				Yes	No		Amou	ınt	
а	the state of the s	tions within	the time period described in ection Program)	10a		1				0
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		1				0
			· · · · · · · · · · · · · · · · · · ·	10c	<b>/</b>		1	1	1	00000
d				100	Ψ					
	or dishonesty?			10d		<b>✓</b>				0
0	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	ofils under the plan? (See	10e	<b>√</b>	1.				1644
f	Has the plan failed to provide any benefit when due under the plan	***************************************				<b>/</b>			<del></del>	0
				10f		<u> </u>			<del></del>	
<u>g</u>				10g	<u> </u>					0
h	2520.101-3.)		***************	10h	. بدشید	1	A top and the property of the party of the p	discontinuo		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			101						
Part	VI Pension Funding Compliance								· .	
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)								Yes	No.
11a	Enter the unpaid minimum required contribution for current year fro					11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	П	Yes	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 bein granting the waiver.	g amortize	d in this plan year, see instruc		and e	nter th	ne date of t	he lette Year	er rulir	ng
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
	Enter the minimum required contribution for this plan year					12b				

	Form 5500-SF 2013		Page 3				
					<del></del>		
C	Enter the amount contributed by the employer	to the plan for this plan ye	er	**************	12c		
d	Subtract the amount in line 12c from the amount negative amount)	nt in line 12b. Enter the re	esult (enter a minus	sign to the left of a	126		
е	Will the minimum funding amount reported on	ine 12d be met by the fur	nding deadline?	*************************		Yes	No □ N/A
Part	VII Plan Terminations and Transf	ers of Assets				:	
13a	Has a resolution to terminate the plan been adopt	ed in any plan year?			X Y	es No	
	If "Yes," enter the amount of any plan assets the	nat reverted to the employ	er this year		13a		
b	Were all the plan assets distributed to participal of the PBGC?				he control		× Yes ☐ No
С	If during this plan year, any assets or liabilities which assets or liabilities were transferred. (Se	were transferred from this instructions.)	s plan to another pla	an(s), identify the plan	(s) to		
1	3c(1) Name of plan(s):				13c(2) Eli	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			<b></b>			
	Name of trust	1		· · · · · · · · · · · · · · · · · · ·	14b Tru	ıst's EIN	
		t					