Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

Short Form Annual Return/Report of Small Employee

Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection**

Part I	Annual Report	t Identification Information	1								
For calend	ar plan year 2017 or f	fiscal plan year beginning 01/01/2	2017		and ending 12	2/31/2017					
A This re	turn/report is for:	X a single-employer plan			n (not multiemployer) (ployer information in ac						
R This ret	urn/report is	a one-participant plan	a foreign plan								
D 11113 100	um/report is	the first return/report	the final return/report								
		an amended return/report	∐a sh	nort plan year return	/report (less than 12 m	onths)					
C Check box if filing under: Form 5558 automatic extension DFVC p											
	· - · - · · ·	special extension (enter descr									
Part II		ormation—enter all requested inf	formation	n		41					
1a Name		ID DDOELT SHADING DI AN				1b Three	-digit number				
WESTCHES	STER DENTAL GROU	JP PROFIT SHARING PLAN				(PN)		001			
						1c Effect	ive date of	plan 1/1995			
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	O. Box)			2b Emplo	yer Identif	ication Number			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MATTHEW A. TEICH DDS & IRA M. LANGSTEIN DDS, PC					uctions)	2c Sponsor's telephone number					
						2d Business code (see instructions)					
220 WESTCHESTER AVENUE WHITE PLAINS, NY 10604						621210					
3a Plan administrator's name and address X Same as Plan Sponsor.						3b Administrator's EIN					
						3c Admin	nistrator's t	elephone number			
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a				4b EIN					
	or's name	shoot o hame, Ent, the plan hame o	ana ino p	nan namber nom ar	o last rotalii/roport.	4d PN					
C Plan N	lame										
5a Total	number of participants	s at the beginning of the plan year				5a		13			
b Total	number of participants	s at the end of the plan year				5b		13			
		account balances as of the end of			·	5c		13			
d(1) Total number of active participants at the beginning of the plan year				5d(1)		11					
d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less				5d(2)		11					
than	100% vested		·			5e		0			
		or incomplete filing of this return						-1-1 0-11-1-			
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, an oplete.									
SIGN		d/valid electronic signature.	(06/22/2018	MATTHEW TEICH, DI	DS					
HERE	Signature of plan	administrator		Date	Enter name of individ	ual signing a	s plan adn	ninistrator			
SIGN	Filed with authorized	d/valid electronic signature		06/22/2018	MATTHEW TEICH DI	ns					

Date

HERE

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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							X Yes No	
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from the		-					. (See instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
<u>.</u>	Total plan assets	7a		61584			(b) Liid	1096214	
b	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	90	61584				1096214	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) ⁻	Γotal	
а	Contributions received or receivable from: (1) Employers	8a(1)	1;	36679			, ,		
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	1;	37951					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						274630	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14	140000					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Iministrative service providers (salaries, fees, commissions) 8f								
g	ther expenses								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							140000	
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)							134630	
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 2A 2E	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V-Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest' reported on line 10a.)	? (Do not	include transactions	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Χ			100000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g	X			29680	
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					

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Part	VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)										
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40										
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year	12b								
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?		Ye	s X 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 the control of the PBGC?			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): 13c(2) EIN(s)		13c(3) PN(s)					

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 section 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

2017

This Form is Open to Public Inspection

	Annual Report	t Identification Information	1							
	calendar plan year 2017 or f		01/01/2017	and ending	12/31/201	7				
Α	This return/report is for:	x a single-employer plan			oloyer) (Filers checking this box must attach tion in accordance with the form instructions.					
В	This return/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year return/	report (less than 12 c	months)					
С	Check box if filling under:	Form 5558	automatic extension		DFVC pr	ogram				
(Marie)		special extension (enter des								
-		ormation enter all requested	d information	A. C.	T 41					
та	Name of plan Westchester Dental	Group Profit Sharing	Plan		1b Three-digit plan numbe (PN) ►					
			1c Effective d: 01/01/1	ate of plan						
2a	Mailing Address (include re	lloyer, if for a single-employer plan porn, apt., sulte no. and street, or F noe, country, and ZIP or foreign po	P.O. Box)	rtions)	2b Employer I	dentification Number -3800718				
	=	DDS & Ira M. Langstein		oriona)	2c Sponsor's (914) 9	telephone number 97-1154				
	220 Westchester Av	2d Business code (see instructions) 621210								
	US White Plains NY 1060	04								
3a	Plan administrator's name	and address 🛣 Same as Plan S	ponsor		3b Administra	tor's EIN				
					3c Administra	tor's telephone number				
4		he plan sponsor or the plan name onsor's name, EIN, the plan name			4b EIN					
č	Sponsor's name Plan Name				4d PN					
_					-	1.9				
	•	ts at the beginning of the plan year				13				
b	Number of participants with	ts at the end of the plan year h account balances as of the end o	of the plan year (only defined c	ontribution plans	50	13				
d		articipants at the beginning of the				11				
		articipants at the end of the plan ye				11				
е	Number of participants wheless than 100% vested	o terminated employment during th	ne plan year with accrued bene	fits that were	5e	0				
U	Inder penalties of perjury and	te or incomplete filing of this ret other populaties set forth in the Insider and signed by an enrolled actuar omplete.	tructions, I declare that I have a y, as well as the electronic vers	examined this return/ sion of this return/rep	report, including, If ort, and to the best	applicable, a Schedule				
	SIGN	1-0	6/22/201	atthew Teich,	DDS					
	HERE Signature of plan-ac	iministrator		Enter name of Individ		administrator				
	SIGNC	4		letthew Teich,						
262	BERE Signature of employ			inter name of Individ	ual signing as emp	loyer or plan sponsor				
F	or Paperwork Reduction A	ct Notice, see the Instructions fo	r Form 5500-8F'. /			Form 5500-8F (2017)				

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rage :	Z
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	Were all of the plan's assets during the plan year invested in eligible		•				H	X	∕es ∏No	
	Are you claiming a walver of the annual examination and report of a under 29 CFR 2520.104-467 (See Instructions on walver eligibility a							[a]	ر اس اماء	
	f you answered "No" to either line 6a or line 6b, the plan canno							<u>X</u>	res No	
	f the plan is a defined benefit plan, is it covered under the PBGC in								lat datarminad	
	f "Yes" is checked, enter the My PAA confirmation number from the									
(Mart 17)	The state of the control of the cont	PBGC pr	emium ming for this year .					(See in	structions.)	
Há	Financial Information									
7	Plan Assets and Liabilities	+7	(a) Beginning of	Year	:		(b) End of Yes	ır	
a	Total plan assets	7a	96	1,58	34			1,0	96,214	
b ·	Total plan llabilities	7b_			0				0	
C	Net plan assets (subtract line 7b from line 7a)		96	1,5	84	1		1,096,214		
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total		
	Contributions received or receivable from:	D. (4)	1.3	e e,	7.0	772		10 10 10 10 10 10 10 10 10 10 10 10 10 1	i e e e e e e e e e e e e e e e e e e e	
	1) Employers	8a(1)	1.3	6,6			-			
	(2) Participants	8a(2)			0					
	(3) Others (including rotlovers)		10	7 0	0					
	Other income (loss)	8b	1.3	7,9	D I					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			eyadiya	S CONTRACTOR			74,630	
	to provide benefits)	8d	14	0,0	00					
ę	Certain deemed and/or corrective distributions (see Instructions)	₿e			0				4	
f	Administrative service providers (salaries, fees, commissions)	8f			0		100			
9_	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						-	40,000	
i	Net Income (loss) (subtract line 8h from line 8c)	8l							.34,630	
j	Transfers to (from) the plan (see instructions)	8)			0					
Pa	Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension f	eature cod	les from the List of Plan C	harad	terist	c Co	des in the	e instructions:		
	2A 2E									
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Ch	arach	orietic	Cod	es in the	instructions:		
	The plan provides remare benefits, since the applicable visital to	ature vous	a nom the plat of him of	υ. μ υα	5110110	000	Ç Ç III (115	11 (01) (441101101		
35	Compliance Questions									
10	During the plan year:				Yes	No	EN A	Amo	unt	
a		itions with	In the time period		100	110		7,110	4116	
	described in 29 CFR 2510.3-102? (See Instructions and DOL's Vi					1				
	Program)	_	·	10a		x				
b	Were there any nonexempt transactions with any party-in-Interest	t? (Do not	Include transactions							
	reported on line 10a.)			10b		X				
	Was the plan covered by a fidelity bond?	***************************************	***********************	10c	х				100,000	
d	Did the plan have a loss, whether or not relmbursed by the plan's by fraud or dishonesty?	,	,	10d		x				
е	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides some									
	the plan? (See instructions.)			10e		ж				
f	Has the plan falled to provide any benefit when due under the pla	in?		10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g	ж				29,680	
h	If this is an individual account plan, was there a blackout period?	(See Instr	uctions and 29 CFR			v				
-	2520.101-3.)			10h		×	- CONT.			
· ·	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

	Form 5500-SF 2017 Peg	3 -				
Ean	Pension Funding Compliance	11.5				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see inst				Yes [x No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 58		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section ERISA?		ection 302	of	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a	If a walver of the minimum funding standard for a prior year is being amortized in this plan granting the waiver	•	•	r the dat	te of the letter r	uling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	skip to line 13.				
b	Enter the minimum required contribution for this plan year,	******	. 12b			
С	Enter the amount contributed by the employer to the plan for the plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a min negative amount)	•	140			
0	Will the minimum funding amount reported on line 12d be met by the funding deadline?		🗆	Yes [] No [] 1	1/A
Pari	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			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another control of the PBGC?		1		Yes X N	o
С	If, during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)	plan(s), Identify the p	lan(s) to			
1:	3c(1) Name of plan(s):	13c(2	EIN(s)		13c(3) PN	۱(s)

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