-	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	•	oyee	OMB Nos. 1210-0110 1210-0089			
	artment of the Treasury ernal Revenue Service		201						
	Department of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		of the Internal This Form is Open to Public Inspection				
Pension B	Benefit Guaranty Corporation	Complete all entries in a	accordance with the ins	structions to the Form 55	00-SF.	Public Inspection			
For calence		Identification Information scal plan year beginning 01/01/2	018	and ending 12	/31/2018				
1 of outerie		X a single-employer plan		plan (not multiemployer) (F		ing this box must attach a			
A This re	eturn/report is for:		_ · · ·	employer information in acc	cordance w	ith the form instructions.)			
B This rot	turn/report is	a one-participant plan	a foreign plan						
D This fet	turn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	urn/report (less than 12 mo	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descr	iption)						
Part II		rmation—enter all requested inf	ormation						
1a Name	•	BA CHESTER DENTAL ASSOC. 4		PLAN & TRUST	1b Three plan	e-digit number			
			(PN)						
1c Effective date of plan									
	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					oyer Identification Number			
RALPH K. N	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALPH K. NEUHAUS, DDS, PC					(EIN) 13-2940046 2c Sponsor's telephone number 845-469-2833			
DBA CHEST	BA CHESTER DENTAL ASSOCIATES				2d Business code (see instructions)				
10 MOFFAT CHESTER,					621210				
CHESTER,	10310								
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Administrator's EIN				
				-	3c Administrator's telephone number				
		e plan sponsor or the plan name han name han sor's name, EIN, the plan name a			4b EIN				
•	sor's name	·····			4d PN				
52 Total	number of participants	at the heginning of the plan year			5a	17			
		at the beginning of the plan year at the end of the plan year			5a 5b	17			
C Numb	ber of participants with	account balances as of the end of	the plan year (only define	ed contribution plans	5c	17			
•	,	rticipants at the beginning of the pla		F					
		rticipants at the end of the plan yea		The second se	5d(2)	d(2) 14			
than	e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0			
		or incomplete filing of this return ber penalties set forth in the instruc							
SB or Sch	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.								
SIGN Filed with authorized/valid electronic signature. 05/14/2019 RALPH K. NEUHAUS									
HERE	Signature of plan a	dministrator	Date	Enter name of individu	al signing a	as plan administrator			
	L								
HERE For Papers	Signature of emplo		Date	Enter name of individu	al signing a	as employer or plan sponsor			
FUI Faperw	For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2018) v.171027								

Pa	rt III Financial Information	
•		(See instructions.)
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined
	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	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.)	X Yes 🗌 No
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No

7	Plan Assets and Liabilities		(a) Beginning	(a) Beginning of Year			(b) End of Year				
а	Total plan assets	7a	32	92930			2851632				
b	Total plan liabilities	7b		0)				
С	Net plan assets (subtract line 7b from line 7a)	7c	32	92930			2851632				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)		18582							
	(2) Participants	8a(2)		75534							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	-1	05207							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-11091				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4	30152							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		55							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					430207	,			
i	Net income (loss) (subtract line 8h from line 8c)	8i					-441298	1			
j	Transfers to (from) the plan (see instructions)	8j		0							
Pa	Part IV Plan Characteristics										
9a											
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Pla	n Chara	acterist	tic Coc	les in the instructions:				
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	Amount				
a	Was there a failure to transmit to the plan any participant contribu 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.)			10b		Х					
C	Was the plan covered by a fidelity bond?			10c	Х		350	0000			
c	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Х					
e	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		Х					
f	f Has the plan failed to provide any benefit when due under the plan?					Х					
Q	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Х					
h	2520.101-3.)	`		10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CER 2520 101-3										

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.	l enter _ Da		e of the le		ing	
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
e	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	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form 5500-SF	rt of Small Employe	e	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan ad under sections 104 and	4065 of the Employee Retirem	ent	2018				
Department of Labor Employee Benefits Security Administration		(ERISA), and sections 6 Revenue Code (the Cod	057(b) and 6058(a) of the Intern de).	This Form is Ope					
Pension Benefit Guaranty Corporation	ⁿ ► Complete all entries in	accordance with the ins	structions to the Form 5500-S		blic Inspection				
Part I Annual Repo	rt Identification Information								
	fiscal plan year beginning 01/01/20		and ending 12/31/201	8					
A This return/report is for:	X a single-employer plan		plan (not multiemployer) (Filers employer information in accorda						
·	a one-participant plan	a foreign plan	,,,,		,				
B This return/report is	the first return/report	the final return/report	t						
)								
C Check box if filing under:	Form 5558	automatic extension		VC program					
	Special extension (enter desc	ription)	-						
Part II Basic Plan In	formation-enter all requested in	formation							
1a Name of plan			1b	Three-digit					
	DBA CHESTER DENTAL ASSOC.	401K PROFIT SHARING		plan number	004				
			10	(PN)					
				Effective date 01/01/1990					
• • • •	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.0	D. Box)		Employer Iden (EIN) 13-2940	tification Number 046				
City or town, state or provi RALPH K. NEUHAUS, DDS, PC	ince, country, and ZIP or foreign pos	tal code (if foreign, see ins	structions)	2c Sponsor's telephone number					
DBA CHESTER DENTAL ASSC	DCIATES		24	(845) 469-2833					
			20	2d Business code (see instructions) 621210					
10 MOFFAT LANE				021210					
CHESTER, NY 10918									
3a Plan administrator's name	and address 🗙 Same as Plan Spo	nsor.	3b	Administrator's	s EiN				
			3c	Administrator's	s telephone number				
4 If the name and/or EIN of	the plan sponsor or the plan name h	as changed since the last	return/report filed for 4b	EIN	MARUE				
	ponsor's name, EIN, the plan name		the last return/report.		and an track				
 a Sponsor's name c Plan Name 			4d	PN					
5a Total number of participar	nts at the beginning of the plan year.				17				
	nts at the end of the plan year			b	17				
	th account balances as of the end of			c	17				
d(1) Total number of active	participants at the beginning of the p	lan year			15				
d(2) Total number of active participants at the end of the plan year				(2)	14				
 Number of participants with than 100% vested 		e	0						
Caution: A penalty for the lat	e or incomplete filing of this retur	n/report will be assesse	d unless reasonable cause is						
SB or Schedule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,								
belief, it is true, correct, and co	mølete.	5/14/19	Ralph K. Neuhaus						
HERE Signature of plan	·		Enter name of individual sig	ining as plan a	dministrator				
SIGN									
HERE	loyer/plan sponsor	Date	Enter name of individual sig	ning as employ					
	tice, see the Instructions for Form 550			ning as employ	Form 5500-SF (2018)				
5/19-01-10To0,45,35 82-05-00					v.171027				

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
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.)	X 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.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r	(b) End of Year					
a	Total plan assets	7a		32929	30			28516	32		
b	Total plan liabilities	7b			0				0		
c	Net plan assets (subtract line 7b from line 7a)	7c		32929	30			28516	32		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		185	82						
	(2) Participants	8a(2)		755	34						
	(3) Others (including rollovers)	8a(3)			0						
b	Other income (loss)	8b		-1052	07						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	A The states of the					-110	91		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4301	52			1.1.2			
e	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f	Administrative service providers (salaries, fees, commissions)	8f			55						
g	Other expenses	8g			0	1997.7§			9375		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				430207					
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	8i				-441298					
j	Transfers to (from) the plan (see instructions)	··· 8j			0						
Pa	t IV Plan Characteristics										
9a b Par	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions										
10	During the plan year:				Yes	No	1	Amount			
a		oluntary F	iduciary Correction	10a	103	x		Amount			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10Ь		x					
С	Was the plan covered by a fidelity bond?			10c	x				350000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		x					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х		· · ·			
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				2			

Form 5500-SF (2018)

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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 (Form 5500) and line 11a below)	Sch	edule S	В] Yes	No No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?	ction	n 302 o	f 	[] Yes	X No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and	enter Da		of the Ye		ing
ìf	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				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes		· [] •	A/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	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 brought under control of the PBGC?				Yes)
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) Name of plan(s): 13	c(2)	EIN(s)		13	Sc(3) PN	l(s)