Form 5500-SF		Short Form Annual Return/Report of Small Emplo Benefit Plan			OMB Nos. 1210-01 1210-00				
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		This form is required to be filed under sections 104 and 4065 of the Employee R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).			etirement	2017			
						This Form is Open to			
Pension B	enefit Guaranty Corporation	Complete all entries in		ructions to the Form 55	00-SF.	Public Inspection			
Part I		dentification Information			10010010				
For calend	lar plan year 2017 or fisc				28/2018	ving this hav must attach a			
A This re	turn/report is for:		a single-employer plan a multiple-employer plan (not multiemployer) list of participating employer information in a						
R This ret	urn/report is	a one-participant plan	a foreign plan						
		the first return/report							
		an amended return/report	imes a short plan year retu	rn/report (less than 12 mo	months)				
C Check	box if filing under:	Form 5558	automatic extension]	DFVC program				
		special extension (enter desc	lescription)						
Part II	Basic Plan Infor	mation—enter all requested in	formation						
1a Name	•				1b Three				
MANHATTA	N BILLING & COLLECT	FION, INC. 401(K) P/S PLAN			pian (PN)	number 001			
				-	()	tive date of plan			
						01/01/2016			
		er, if for a single-employer plan) , apt., suite no. and street, or P.C	D. Box)		2b Employer Identification Number (EIN) 27-1068650				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MANHATTAN BILLING & COLLECTION, INC.				tructions)	2c Sponsor's telephone number 270-438-6672				
				-	2d Business code (see instructions)				
	WAY STE 205				551112				
LYNBROOK	., NY 11563								
3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administrator's EIN					
				-	3c Admi	3c Administrator's telephone number			
4 If the	name and/or EIN of the	plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN				
this p	lan, enter the plan spons	sor's name, EIN, the plan name a							
a Spons c Plan N	sor's name				4d PN				
	Name								
5a Total	number of participants a	at the beginning of the plan year			5a	6			
b Total number of participants at the end of the plan year					5b	0			
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).					5c	0			
d(1) Total number of active participants at the beginning of the plan year					5d(1)	3			
d(2) Total number of active participants at the end of the plan year					5d(2)	0			
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0			
		r incomplete filing of this return			ise is estal	olished.			
Under pen SB or Sche	alties of perjury and othe edule MB completed and	er penalties set forth in the instru d signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/rep	oort, includi	ng, if applicable, a Schedule			
	true, correct, and compl	ete. alid electronic signature.	09/17/2018	BENJAMIN ISKHAKO					
SIGN HERE		5	_			aa plan administrater			
SIGN	Signature of plan ad	ministrator ralid electronic signature.	Date 09/17/2018	BENJAMIN ISKHAKO	ndividual signing as plan administrator				
SIGN HERE		5							
Signature of employer/plan sponsor Date Enter name of individual signing as employer of provide a set of the individual signing as employer of provide a set of the individual signing as employer of the individual sindividual sindividual signing as employer of the individual sind						as employer or plan sponsor Form 5500-SF (2017)			

lotice, see Pape

v.170203

Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No DA rey ou daming a waiver of the nanual examination and report of a modepondent qualified public accountant (IQPA) Yes No If you answerd "No" to ether line 6 or line 6 bit, the plan cannot use Form 5500-SF and must instead use Form 5500. No Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC prenum filing for this plan year (See instructions.) Part III "Francial Information 7a 16772 0 To tal plan assets 7a 16772 0 B Total plan insets 7a 16772 0 C If the plan's actification for this Plan Year (a) Beginning of Year (b) End of Year a Contal plan assets 7a 16772 0 B Total plan insets 7a (a) Amount (b) Total C Ontributions received or receivable from: 8a(1) 675 (c) (1) Employers 8a(2) 1077 c C C Total income (add lines 8a(1), 3a(2), add (2), and (2), and (2), and (2), add (2),										1	
under 20 CFR 252.014-462 (See instructions on waiver eligibility and conditions.) Wes No Wes No If you answerd "No" to differ line 6a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. Not determined if "Yes" is checked, enter the My PAA confirmation number from the PBGC insurance program (see ERISA section 4021)? Not determined if "Yes" is checked, enter the My PAA confirmation number from the PBGC insurance program (see ERISA section 4021)? Not determined if "Yes" is checked, enter the My PAA confirmation number from the PBGC previous from the PBGC insurance program (see ERISA section 4021)? Not determined if "Yes" is checked, enter the My PAA confirmation number from the PBGC previous from the P										No	
If you asserted "No" to either line 6 aor line 6b, the plan cannot use Porm 5500. Image: the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	D								No		
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?											
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	С								Not determi	ined	
7 Plan Assets and Liabilities 7a (a) Beginning of Year (b) End of Year a Total plan labilities 7a 16772 0 b Total plan labilities 7b 16772 0 c Not plan assets (subtract line 7b from line 7a) 7c 16772 0 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 875 (c) (d) Chers (including rollovers) 8a(2) 1675 (c) (c) (d) Others (including rollovers) 8a(3) 1675 (c) 2727 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 2727 2727 G Benefits paid (including rollovers) 8d 19345 2727 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 19345 2727 G Other expenses 8g 19345 19345 2727 G Total expenses (add lines 8d, 4e, 8f, and 8g) 8h 19345 19345 G Other expenses 8g 164 19499 114 t									 (See instructio	ons.)	
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							Х				
					-						

 h
 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)
 10h
 X

 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 CFR 2520.101-3.
 10i
 10i

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Part	VI Pension Fu	iding Compliance						
11	Is this a defined ben (Form 5500) and line	dule S	В	<u> </u>	'es 🗌 No			
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a					
12	Is this a defined con ERISA? (If "Yes," complete I	302 of	f 	<u> </u>	′es X No			
a	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	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum re	uired contribution for this plan year	12b					
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c					
d	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)							
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A		
Part '	VII Plan Termii	ations and Transfers of Assets						
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	0		
	If "Yes," enter the an	ount 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 control of the PBGC?				X Yes No			
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to					
1	13c(1) Name of plan(s): 13c(2) E				13c(3) PN(s)			