Improvement intervent status 2017 Decrement intervent interv	Form 5500-SF Short Form Annual Return/Report of Small Emp Department of the Treasury Benefit Plan						OMB Nos. 1210-0110 1210-0089			
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e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 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 HERE Filed with authorized/valid electronic signature. 10/08/2018 JEFFREY WEBERMAN SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	d(1) Tota	al number of active part	ticipants at the beginning of the pla	n year			8			
than 100% vested Jee 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. SIGN HERE Filed with authorized/valid electronic signature. 10/08/2018 JEFFREY WEBERMAN Signature of plan administrator Date Enter name of individual signing as plan administrator	• •					5d(2)	8			
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. SIGN HERE Filed with authorized/valid electronic signature. 10/08/2018 JEFFREY WEBERMAN SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	than	100% vested					-			
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 HERE Filed with authorized/valid electronic signature. 10/08/2018 JEFFREY WEBERMAN Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Signature of plan administrator Image: Signature of plan administrator										
SIGN HERE Filed with authorized/valid electronic signature. 10/08/2018 JEFFREY WEBERMAN Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Signature of plan administrator Image: Signature of plan administrator	SB or Sche	edule MB completed an	d signed by an enrolled actuary, as							
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Signature of plan administrator				10/08/2018	JEFFREY WEBERMA	N				
HERE	HERE	Signature of plan ac	Iministrator	Date	Enter name of individu	ual signing	as plan administrator			
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN									
	HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor			

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

6a b										
С	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 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 Year	(b) End of Year						
а	Total plan assets	7a	1841968	2147885						
b	Total plan liabilities	7b	0	0						
С	Net plan assets (subtract line 7b from line 7a)		1841968	2147885						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from:									

ð	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	42961	
	(2) Participants	8a(2)	62800	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	259740	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		365501
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	59559	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	25	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		59584
i	Net income (loss) (subtract line 8h from line 8c)	8i		305917
j	Transfers to (from) the plan (see instructions)	8j	0	
_				

Part IV Plan Characteristics 9a

lf tl	ne plar	n provie	des pe	ension	bene	fits,	enter the	applicable	pension	feature	codes fr	om the	List of	Plan (Characte	eristic	Code	es in th	e instru	ctions:
2/	1 2E	2F	2G	2J	2K	2T	3D													

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions				
10	During the plan year:	١	′es	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	0a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	0b		X	
С	Was the plan covered by a fidelity bond? 1	0c	x		10000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	0d		X	
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.)	0e	x		6819
f	Has the plan failed to provide any benefit when due under the plan? 1	0f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	0g	Х		7091
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	0h		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 CFR 2520.101-3	10i			

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Page 3- 1

Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 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 Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	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 left of a ative 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	es 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 brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	: (3) F	'N(s)

	rm 5500-SF	Short Form Annua		t of Small Emp	oyee	С	MB Nos 1210-0110 1210-0089	
	rtment of the Treasury mal Revenue Service	This form is required to be filed	d under se					2017
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (and sections 60 Code (the Code		e Internal		orm is Open to c Inspection
Pension B	enefit Guaranty Corporation	Complete all entries in a	accordanc	ce with the inst	ructions to the Form 5	500-SF.	1 451	e mopeetien
Part I	Annual Report lo	lentification Information						
For calend	ar plan year 2017 or fisc	al plan year beginning	01/01	/2017	and ending	12/	31/201	1
A This ref	turn/report is for:	A single-employer plan	list of		lan (not multiemployer) nployer information in a		-	
B This ret	urn/report is r	a one-participant plan						
		the first return/report an amended return/report	H	al return/report	rn/report (less than 12 m	onthe)		
0	L				inveport (less than 12 h	_		
C Check	box if filing under:	Form 5558		natic extension		DFVC pi	rogram	
		special extension (enter descri						
Part II	Basic Plan Inforr	nationenter all requested info	ormation					
1a Name	•					1b Three	-	
Naftol	& Weberman CPA	As P.C. 401(k) Plan					number	0.01
						(PN)		001
							tive date of 01/1996	
22 Diana	nonnoria nomo (omplouo	r, if for a single-employer plan)						
		apt., suite no. and street, or P.O.	, Box)				11-3397	cation Number
		country, and ZIP or foreign posta		foreign, see inst	ructions)			
Naftol	& Weberman CPA	As P.C.					6) 496-2	ione number
								ee instructions)
390 N . Suite	Broadway 120							
Jerich				NY	11753	541	211	
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spons	isor.			3b Admir	nistrator's E	IN
						3c Admir	histrator's te	elephone number
		lan sponsor or the plan name has				4b EIN		
		or's name, EIN, the plan name ar	nd the pla	n number from t	he last return/report.	Ad DU		
	or's name					4d PN		
C Plan N	lame							
52 Total	aumhor of portioinants of	the beginning of the plan year				5a		9
		the beginning of the plan year the end of the plan year				5b		9
		count balances as of the end of th				5c		
	,					5d(1)		8
		cipants at the beginning of the pla				<u> </u>		8
		cipants at the end of the plan year				5d(2)		8
e Numb	er of participants who te	rminated employment during the	plan year	with accrued be	enefits that were less	5e		0
		incomplete filing of this return				use is estab	lished.	0
Under pena SB or Sche	alties of periury and other	r penalties set forth in the instruct signed by an enrolled actuary, as	tions I de	clare that I have	examined this return/re	port, includir	ng, if applica	able, a Schedule knowledge and
SIGN				0 8 18	Jeffrey Webern	nan		
HERE	Signature of plan adn	ninistrator		ate	Enter name of individ	ual signing a	s plan adm	inistrator
SIGN								
HERE	Signature of employe			ate	Enter name of individ	ual signing a	is employei	or plan sponsor
For Paperw		see the Instructions for Form 5500-	-SF.					rm 5500-SF (2017)

v.170203

Form 5500-SF 2017

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.										
С	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										
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this plan year		. (See instructions.)						
Pa	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	(b) End of Year						
a	a Total plan assets										

а	Total plan assets	7a	1,	841,	968	2,147,8			
b	Total plan liabilities	7b			0		0		
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	841,	968		2,147,885		
8	Income, Expenses, and Transfers for this Plan Year	11 1.3	(a) Amoun	it			(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)		42,	961				
	(2) Participants	8a(2)		62,	800				
	(3) Others (including rollovers)	8a(3)			0	-	- 11 2 1 4 1 V 1 1		
b	Other income (loss)	8b		259,	740		2		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					365,501		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		59,	559				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	£1.			
f	Administrative service providers (salaries, fees, commissions)	8f			25	52			
g	Other expenses	8g			0	12			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		25			59,584		
i	Net income (loss) (subtract line 8h from line 8c)	e (loss) (subtract line 8h from line 8c) 8i							
j	Transfers to (from) the plan (see instructions)	8j			0				
Pa	rt IV Plan Characteristics		·						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of PI	an Cha	racteri	stic Co	des in the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	tic Cod	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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	'oluntary F	iduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	х		10,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x			
e		ner person ne or all of	s by an insurance the benefits under	10e	X		6,819		

	the plan? (See instructions.)	10e	Х		6,819
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		7,091
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520, 101-3.)	10h		x	and the second
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			

Form 5500-SF 2017

Page 3-

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So (Form 5500) and line 11a below)			ים	∕es 🗙 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 section ERISA?	on 302 (of		res 🔀 No	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver	nd enter Da		of the lette Year	r ruling	
lf	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 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	
2	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 th 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(which assets or liabilities were transferred. (See instructions.)	s) to				
1	3c(1) Name of plan(s): 13c(2)) EIN(s))	13c(3	13c(3) PN(s)	