#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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).

▶ 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

Parti	Annual Repor	t identification information										
For calenda	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 12	/31/2017							
A This ret	rurn/report is for:	X a single-employer plan		an (not multiemployer) (F	_							
D Th:		a one-participant plan	a foreign plan									
<b>D</b> This retu	urn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year retur	short plan year return/report (less than 12 months)								
C Check I	pox if filing under:	X Form 5558	automatic extension		DFVC progra	m						
		special extension (enter desc	• ′									
Part II	Basic Plan Inf	ormation—enter all requested in	formation									
1a Name NAFTOL & V	•	P.C. DEFINED BENEFIT PLAN			1b Three-digi plan numb (PN) ▶							
					1c Effective d	late of plan 01/01/2007						
		oyer, if for a single-employer plan)			<b>2b</b> Employer I	Identification Number						
	g address (include rod town, state or provin	(EIN)	11-3397605									
-	VEBERMAN CPAS F	ructionsy		telephone number 6-496-2121								
			<b>2d</b> Business of	code (see instructions)								
390 N BROA SUITE 120	DWAY			541211								
JERICHO, N	Y 11753											
3a Plan a	dministrator's name a		<b>3b</b> Administra	itor's EIN								
						tor's talanhana numbar						
					<b>3c</b> Administrator's telephone number							
		ne plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN							
•	or's name		·	·	4d PN							
C Plan N	lame											
<b>5a</b> Total i	number of participant	s at the beginning of the plan year.			5a	6						
<b>b</b> Total i	number of participant	s at the end of the plan year			5b	6						
		account balances as of the end of		-	5c							
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the p	lan year		5d(1)	5						
<b>d(2)</b> Tot	al number of active p	articipants at the end of the plan ye	ar		5d(2)	5						
than	100% vested	o terminated employment during th			5e	0						
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau								
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, a nplete.										
SIGN	Filed with authorize	d/valid electronic signature.	10/12/2018	JEFFREY J. WEBERM	ERMAN							
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	an administrator						
SIGN												
HERE	Signature of emp	oyer/plan sponsor	Date	Enter name of individu	ıal signing as em	nployer or plan sponsor						

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b	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> <li>If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes</li> </ul>									
	If "Yes" is checked, enter the My PAA confirmation number from th							Not determined . (See instructions.)		
Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year		
а	Total plan assets	7a	99	92980				1124736		
b	Total plan liabilities	7b		0				0		
С	Net plan assets (subtract line 7b from line 7a)	7c	99	92980				1124736		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) <sup>-</sup>	Total		
a	Contributions received or receivable from:  (1) Employers	8a(1)	15	50000						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		18244						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						131756		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	, in the second								
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						0			
i	Net income (loss) (subtract line 8h from line 8c)						131756			
j	Transfers to (from) the plan (see instructions)	8j		0						
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $1A  3D$	feature co	des from the List of Plant	an Cha	racteri	stic Co	des in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:		
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.)	? (Do not i	include transactions	10b		X				
С				10c	X			15000		
d	· · · · · · · · · · · · · · · · · · ·	fidelity bo	nd, that was caused	10d		X		13000		
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.)					X				
f	f Has the plan failed to provide any benefit when due under the plan?					X				
g		-	·	10g		Χ				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h						
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						

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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 Sci (Form 5500) and line 11a below)		В	X	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver	d enter t Day		of the letter Year	ruling
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?	$\Box$	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?		Yes	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 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	<b>3c(1)</b> Name of plan(s): 13c(2	<b>)</b> EIN(s)	•	13c(3)	PN(s)

## **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

OMB No. 1210-0110

2017

				File as a	n attac	hment to Form	5500 or	5500-SF.						
For	calendar p	lan year 2017 or fis	scal plan yea	ar beginning 01/	01/2017	7		and ending	12/3	31/2017				
		amounts to neare												
_			will be asse	ssed for late filing of t	his repo	ort unless reasor	nable cau							
	ame of pla		SPC DEFI	NED BENEFIT PLAN	I			B Three-dig	,	, ,	000			
	711 TOE Q	WEBERWARD OF A	0 1 .O. DEI 1	NED DENETH I EAN				plan num	ber (PN	) •	002			
	•			of Form 5500 or 5500	-SF			<b>D</b> Employer Identification Number (EIN)						
N	AFTOL &	WEBERMAN CPAS	S P.C.					11-3397605						
			F	7		F 5: .		1						
E ly	pe of plan		/lultiple-A	Multiple-B		<b>F</b> Prior year pla	an sıze: 🔀	100 or fewer	101-	500 More th	an 500			
	art I   E	Basic Informat	ion											
1		valuation date:	Mo	onth <u>12</u> Da	y <u>31</u>	Year <u>20</u>	)17							
2	Assets:										07.1700			
	_								2a		974736			
									2b		974736			
3								Number of rticipants	. ,	sted Funding Target	(3) Total Funding Target			
	<b>a</b> For reti	red participants and	d beneficiari	ies receiving payment	t			0		0	0			
	<b>b</b> For term	minated vested par	ticipants					1		1553	1553			
	<b>C</b> For acti	ive participants						5		1006523	1014927			
	<b>d</b> Total							6		1008076	1016480			
4	If the plar	n is in at-risk status	, check the l	box and complete line	es (a) ar	nd (b)								
	<b>a</b> Funding	g target disregardin	ng prescribe	d at-risk assumptions					4a					
				nptions, but disregardi					4b					
5				ecutive years and disre	_				5		F 96 9/			
6	_	-							6		5.86 <b>%</b> 72595			
		Enrolled Actuary							0		72393			
T a	o the best of r	my knowledge, the inform	ulations. In my o	n this schedule and accompa pinion, each other assumptic ience under the plan.										
	IGN ERE									10/12/201	8			
			Signate	ure of actuary						Date				
W	ILLIAM J. (	CLEMANS, E.A.						_		17-07149	)			
Type or print name of actuary								Most	recent enrollme	nt number				
LC	NG ISLAN	ND EMPLOYEE BE	NEFITS GR	ROUP						631-273-92	20			
	5 WIRELE AUPPAUG	SS BLVD E, NY 11788	Fi	rm name				Те	lephone	number (includ	ing area code)			
			Addre	ess of the firm				_						

instructions

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

P	art II	Begin	ning of Year	Carryov	er and Prefunding B	alances							
					<u> </u>		(a) C	arryover balance		(b) P	refundir	ng balance	
7		•	0 , ,		able adjustments (line 13 fr			0				0	
8			•	•	nding requirement (line 35			0				0	
9							0					0	
10	Interest of	n line 9 ι	using prior year's	actual retui	rn of <u>1.99</u> %			0				0	
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:								
	<b>a</b> Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)							37476	
	b(1) Into Sch	erest on t nedule SE	he excess, if any, 3, using prior year	of line 38a	over line 38b from prior ye interest rate of5.87	ear _%						0	
	<b>b(2)</b> Inte	erest on I	ine 38b from prior	year Sche	dule SB, using prior year's	actual							
	return  C Total available at beginning of current plan year to add to prefunding balance											0	
						-						37476	
	d Portion of (c) to be added to prefunding balance											0	
12	Other red	ductions i	n balances due to	elections	or deemed elections			0				0	
13	Balance	at beginn	ing of current yea	r (line 9 + l	ine 10 + line 11d – line 12)			0				0	
P	Part III Funding Percentages												
14	4 Funding target attainment percentage									14	95.89%		
15	Adjusted funding target attainment percentage										15	103.12%	
16	<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce year's funding requirement							reduce c	current	16	100.37%		
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage												
P	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18	Contribut	tions mad	de to the plan for t	he plan ye:	ar by employer(s) and emp	loyees:							
(1)	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees		Date (b) Amount paid by employer(s)				(c) Amount paid by employees		
C	3/09/2018	3		150000									
						Totals ►	18(b)		150000	18(c)		0	
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	a valuation da	ite after the	, , , , , , , , , , , , , , , , , , ,					
					num required contributions			<u> </u>	9a			0	
	<b>b</b> Contrib	outions m	ade to avoid restr	ictions adj	usted to valuation date				9b			0	
					red contribution for current y	ear adjusted to	o valuation d	ate 1	9с			148417	
20	-		tions and liquidity										
			_		e prior year?							Yes X No	
				-	installments for the current	-	a timely ma	anner?			L	Yes No	
	C If line	20a is "Yo	es," see instruction	ns and con	nplete the following table as		-f.4b:!						
		(1) 1st	<u> </u>		Liquidity shortfall as of er (2) 2nd	ia of quarter o			-	(4) 4th			
		( )	-		(=/ =		(0)	3rd		<u> </u>	. ,		
				l .					1				

Part V Assumptions Used to Determine Funding Target and Target Normal Cost										
21	Discount	rate:								
	<b>a</b> Segme	ent rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment: 6.48 %		N/A, full yield curve used			
	<b>b</b> Applica	able month (er	nter code)			21b	0			
22	Weighted	average retire	ement age			22	65			
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined Preso	cribed - separate	Substitu	ite			
Pa	art VI	Miscellane	ous Items							
24		•		arial assumptions for the current p	· · · · ·		· ·			
25	Has a me	thod change b	peen made for the current plar	n year? If "Yes," see instructions re	egarding required attach	nment	Yes X No			
26	Is the pla	n required to p	provide a Schedule of Active P	articipants? If "Yes," see instruction	ons regarding required a	attachmen	tYes X No			
27				r applicable code and see instructi		27				
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years	<u>l</u>				
				ears		28	0			
29	Discounte	ed employer co	ontributions allocated toward u	unpaid minimum required contribut	ions from prior years	29	0			
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)						0			
Pa	art VIII	Minimum	Required Contribution	For Current Year						
31			excess assets (see instruction							
	<b>a</b> Target r	normal cost (lii	ne 6)			31a	72595			
	<b>b</b> Excess assets, if applicable, but not greater than line 31a					31b	0			
32	Amortizat	ion installmen	ts:		Outstanding Bala	nce	Installment			
	a Net sho	ortfall amortiza	tion installment			41744 685				
	<b>b</b> Waiver	amortization i	nstallment			0	0			
33	If a waive (Month _	r has been ap	proved for this plan year, ente ay Year	r the date of the ruling letter granti) and the waived amount	ng the approval	33				
34	Total fund	ding requireme	ent before reflecting carryover	prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	79450			
				Carryover balance	Prefunding balar	nce	Total balance			
35			e to offset funding	0		0	0			
36	-					36	79450			
37	Contribut	ions allocated	toward minimum required cor	tribution for current year adjusted	to valuation date (line	37	148417			
38			s contributions for current year							
			•			38a	68967			
	,	•	· · · · · · · · · · · · · · · · · · ·	efunding and funding standard car		38b	0			
39				r (excess, if any, of line 36 over lir		39	0			
40	Unpaid m	inimum requir	red contributions for all years			40	0			
Pai	rt IX			Pension Relief Act of 2010		s)				
41	If an elect	ion was made	to use PRA 2010 funding reli	ef for this plan:						
	<b>a</b> Schedu	le elected				Г	2 plus 7 years 15 years			
	<b>b</b> Eligible	plan year(s) f	or which the election in line 41	a was made			<del>'                                    </del>			
42						42				
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43				

## SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS

PLAN NAME: NAFTOL & WEBERMAN CPAS P.C. DEFINED BENEFIT PLAN

**EMPLOYER ID: 11-3397605** 

PLAN NUMBER: 002

PLAN YEAR: 01/01/17 to 12/31/17

#### **FUNDING ASSUMPTIONS:**

Probability of lump sum: 100%

Pre-Retirement Mortality: N/A

Post-Retirement Mortality: 2017 Optional Combined

Mortality Table for Small Plans

Interest: First Segment Rate: 4.16%

Second Segment Rate: 5.72% Third Segment Rate: 6.48%

Withdrawal: N/A

Disability: N/A

Salary Scale: None

Early Retirement Factor: N/A

#### SCHEDULE SB, PART V - STATEMENT OF PLAN PROVISIONS

PLAN NAME: NAFTOL & WEBERMAN CPAS P.C. DEFINED BENEFIT PLAN

**EMPLOYER ID: 11-3397605** 

PLAN NUMBER: 002

PLAN YEAR: 01/01/17 to 12/31/17

#### **ELIGIBILITY REQUIREMENTS:**

Minimum Age 21 years 0 months

Minimum Waiting Period: 12 months

**RETIREMENT:** 

Retirement Age: 65
Retirement Participation: 5
Retirement Service: 0

Retirement Date: First of month following

RETIREMENT BENEFIT:

Normal Form: Life Annuity

Type of Formula: Unit benefit non-integrated

Unit based type: Service

Percentage of pay: 2% per year beginning plan years starting 1/1/2011 + prior AB as of 12/31/2010

Compensation method: Highest 3 year average

Maximum years: NONE
Do not count service prior to: 01/01/11

**ACCRUED BENEFIT:** 

Is the plan frozen: No

Method Fractional
Years based on: Service
Maximum years: None

Significant changes in plan provisions since last valuation: None

VESTING:	<u>YEARS</u>	VESTING %
	0	0%
	1	0%
	2	20%
	3	40%
	4	60%
	5	80%
	6	100%

# SCHEDULE SB, LINE 22 - DESCRIPTION OF WEIGHTED RETIREMENT AGE

PLAN NAME: NAFTOL & WEBERMAN CPAS P.C. DEFINED BENEFIT PLAN

**EMPLOYER ID:** 11-3397605

PLAN NUMBER: 002

PLAN YEAR: 01/01/17 to 12/31/17

WRA - The Normal Retirement Age under the Plan.

#### 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 Retfrement Income Security Act of 1974 (ERISA), and sections 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

· have / server	rt Identification Information							
For calendar plan year 2017 o	r fiscal plan year beginning	<u>01/01/2017</u>	and ending		/31/2017			
A This return/report is for:	x a single-employer plan				king this box must attach a with the form instructions.)			
D	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year ret	urn/report (less than 12 r	nonths)				
C Check box if filing under:	X Form 5558	automatic extension	١	DFVC p	rogram			
· · · · · · · · · · · · · · · · · · ·	special extension (enter desc		······································		·			
Part II   Basic Plan In	formation—enter all requested in	nformation	W		······································			
1a Name of plan	CPAs P.C. Defined Ben	efit Plan		1b Three	e-digit number			
THE COL WITCHEST								
					ctive date of plan ' 01/2007			
2a Plan sponsor's name (emp	oloyer, if for a single-employer plan)	**************************************	<del>0.000.00.000.000.000.000.000.000.000.0</del>		oyer Identification Number			
Mailing address (include ro	oom, apt., suite no. and street, or P.o nce, country, and ZIP or foreign pos	O, Box) tal code (if foreign, see in	structions)		11-3397605			
Naftol & Weberman			,		nsor's telephone number .6) 496-2121			
		ness code (see instructions)						
390 N Broadway								
Suite 120 Jericho		N	Y 11753	547	.211			
	and address X Same as Plan Spo				nistrator's EIN			
	<del></del>			9 - A L	· · · · · · · · · · · · · · · · · · ·			
				3C Admi	nistrator's telephone number			
	he plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN				
a Sponsor's name	onsor a name, Env, the plan hante	and the plan humber hom	the last return report.	4d PN	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			
c Plan Name								
5a Total number of participan	ts at the beginning of the plan year.		*********************************	. 5a	6			
	ts at the end of the plan year			m1	6			
	h account balances as of the end of			5c	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			
	participants at the beginning of the p		·	1 m 1/41	5			
d(2) Total number of active p	participants at the end of the plan ye	ar		5d(2)				
Number of participants what than 100% vested	o terminated employment during th	e plan year with accrued I	benefits that were less	5e	. 0			
Caution: A penalty for the late	e or incomplete tiling of this retur	n/report will be assesse	d unless reasonable ca	ause is estat	olished.			
Under penalties of parjury and on SB or Schedule MB completed belief, it is true, correct and go	other perfaities set forth in the instru and signed by an enrolled actuary, a purete	ctions, I declare that I hav as well as the electronic v	e examined this return/reportersion of this return/reportersion	eport, including ort, and to the	ng, if applicable, a Schedule e best of my knowledge and			
SIGN SIGN	<b>Atissiitii</b> mmaanaanuuv-uu-u <del>u</del> aaaaaaa	10 (2/18)	Jeffrey J. We	berman	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
HERE Signature of plan	administrator	Date	Enter name of indivi	dual signing a	as plan administrator			
sign								
HERE Signature of erop	loverinian enonsor	Date	Enter name of indivi-	dual signing a	as employer or plan sponsor			
	ice, see the Instructions for Form 550		ATTION TO STREET		Form 5500-SF (2017)			

Form 550	Form 5500-SF 2017 Page <b>2</b>							
b Are you claimin under 29 CFR If you answere	plan's assets during the plan year invested in eling a waiver of the annual examination and report 2520.104-46? (See instructions on waiver eligibiled "No" to either line 6a or line 6b, the plan ca	of an Indepe ity and cond innot use F	endent qualified public itions.) orm 5500-SF and mu	accoun	itant (I	QPA) e Form	5500.	X Yes No
	defined benefit plan, is it covered under the PBG0 ked, enter the My PAA confirmation number from							Not determined . (See instructions.)
Part III   Finan	cial Information		······	erretter i interest	***************************************	***************************************	······	<del>4</del>
7 Plan Assets an			(a) Beginning	of Yea	r T		(b) End	l of Year
a Total plan asse	ls	7a		992,		***************************************	······································	1,124,73
b Total plan liabili	ties	·····	·	······································	o			
C Net plan assets	(subtract line 7b from line 7a)	— <del> </del>		992,	980	***************	·	1,124,73
8 Income, Expens	ses, and Transfers for this Plan Year		(a) Amou	n <b>t</b>		************	(b)	Total
	ceived or receivable from:	8a(1)	***************************************	150,	000		······································	
(2) Participants	\$	, 8a(2)			0			
(3) Others (incl	uding rollovers)	.,, 8a(3)			0			
b Other Income (I	oss):	8b		-18,	244			***************************************
c Total income (a	dd lines 8a(1), 8a(2), 8a(3), and 8b)	8c						131,750
• • •	ncluding direct rollovers and insurance premiums	1			0			***************************************
e Certain deemed	and/or corrective distributions (see instructions)	8e			0			
f Administrative s	ervice providers (salaries, fees, commissions)	8f			0		***************************************	
g Other expenses	***************************************	8g			0			
h Total expenses	(add lines 8d, 8e, 8f, and 8g)	8h						(
i Net income (los	s) (subtract line 8h from line 8c)	81						131,756
j Transfers to (fro	m) the plan (see instructions)	··· 8j			0			
Part IV Plan C	haracteristics	······································				*****	······································	***************************************
9a If the plan provi	des pension benefits, enter the applicable pension	on feature co	odes from the List of P	lan Cha	ıracteri	istic Co	des in the ins	tructions:
b If the plan provi	des welfare benefits, enter the applicable welfare	e feature cod	les from the List of Pla	n Char	acteris	tic Cod	les in the instr	uctions:
Part V Comp	liance Questions	***************************************	***************************************				······································	
10 During the plan	n year:				Yes	No	······································	Amount
described in 2	ilure to transmit to the plan any participant contri 9 CFR 2510.3-102? (See instructions and DOL's	Voluntary F	iduclary Correction	40-	***************************************			······································
	y nonexempt transactions with any party-in-intere			10a	ļ	<u> </u>		***************************************
	e 10a.)			10b		Х		
C Was the plan	covered by a fidelity bond?	**************************************	***************************	10c	X		**************************************	15,000
	ive a loss, whether or not reimbursed by the plan				<del> </del>		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	13,000

10d

10e

10f

10g

10h

Х

Χ

X

by fraud or dishonesty?.....

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

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

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.....

the plan? (See Instructions.).

A 777 177 177 177 177 177 177 177 177 17	Form 5500-SF 2017 Page 3-						
Part	VI Pension Funding Compliance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	············	**************************************	************	<del>~~~~~</del>
11	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sch	edule S	В	X Y	es 🗍	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	·/////	0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA?					es 🛚	No
***************************************	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see Insgranting the waiver	lonth	l enter t Day		of the letter Year_	ruling	***********
lf 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				
CI	Enter the amount contributed by the employer to the plan for this plan year	******	12c				***************************************
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l negative amount)		12d				_
0	Will the minimum funding amount reported on line 12d be met by the funding deadline?	}**************		Yes	No [	N/A	
Part \	/II Plan Terminations and Transfers of Assets				-/		
13a	Has a resolution to terminate the plan been adopted in any plan year?	anniana.		Yes	X No	***************************************	
	if "Yes," enter the amount of any plan assets that reverted to the employer this year	********	13a	***************************************	**************************************	***************************************	
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?				Yes 🛚	No	
C	lf, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the plan(s)	to				
1:	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

	, oddiani, od polation	File as	an attachment to Form	5500 or 550	O-SF.					
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and end							ng 12/31/2017			
	mounts to nearest doll									
Caution: A p	enalty of \$1,000 will be	assessed for late filing of	f this report unless reasor	nable cause is	establishe	d.				
A Name of plan		Three-dig	git							
Nafitol &	Weberman CPAs	P.C. Defined Be	enefit Plan	F		iber (PN)		002		
C Plan sponsor's	s name as shown on line	2a of Form 5500 or 550	00-SF	D			tion Number (			
Naftol &	Weberman CPAs	P.C.			11-339	7605				
			15 (A. )							
E Type of plan:	X Single Multiple-	A Multiple-B	<b>F</b> Prior year pla	an size: 🛛 10	00 or fewer	101-5	00  More t	han 500		
Part I Ba	sic Information									
1 Enter the va	aluation date:	Month 12 D	ay <u>31</u> Year	2017						
2 Assets:										
<b>a</b> Market va	ılue					. 2a		974,736		
<b>b</b> Actuarial	value					2b		974,736		
3 Funding tan	get/participant count bre	eakdown		(1) Num partici			ted Funding arget	(3) Total Funding Target		
<b>a</b> For retire	d participants and bene	ficiaries receiving payme	nt		0		0	0		
<b>b</b> For termination	nated vested participant	s			1		1,553			
<b>c</b> For active	participants	***************************************			5	1,	006,523	1,014,927		
<b>d</b> Total					6	1,	008,076	1,016,480		
4 If the plan is	s in at-risk status, check	the box and complete lir	nes (a) and (b)							
<b>a</b> Funding t	arget disregarding pres	cribed at-risk assumption	ıs			4a				
			ding transition rule for pla sregarding loading factor			4b				
5 Effective int	erest rate					5	5.86%			
6 Target norm	nal cost					6 72,59				
Statement by En										
To the best of my accordance with a combination, offer	knowledge, the information sup pplicable law and regulations. In my best estimate of anticipated	plied in this schedule and accomp n my opinion, each other assump experience under the plan.	panying schedules, statements a tion is reasonable (taking into acc	nd attachments, if count the experier	any, is complet ice of the plan a	e and accura and reasonal	ate. Each prescribe ole expectations) a	ed assumption was applied in and such other assumptions, in		
SIGN HERE	Wille						10/12/20	21.0		
[ on the second of the second	10 (U) 6	gnature of actuary			•	Date				
William T		griataro or actuary				17-07149				
William J. Clemans, E.A.  Type or print name of actuary					•	Most recent enrollment number				
Long Island Employee Benefits Group						(631)273-9220				
		Firm name			Te			ding area code)		
325 Wirele	ss Blvd					•	,	- /		
Hauppauge			NY 11788							
		Address of the firm								
If the actuary has	not fully reflected any re	gulation or ruling promul	gated under the statute in	n completing	his schedul	e, check	the box and se	эе 🗍		

⊃age	2		l
------	---	--	---

Sulance at beginning of prior year after applicable adjustments (line 13 from prior year)   0   0   0   0   0   0   0   0   0	Р	art II Begin	ning of Year	Carryove	er and Prefunding B	alances	- · · · · · · · · · · · · · · · · · · ·							
Portion elected for use to offset prior year's funding requirement (line 35 from prior year)   O   O   O					<del>-</del>		(a) Ca	arryover balance	(1	<b>o)</b> Prefundi	ng balance			
Section   Sec	7 				•	•			0	<del></del>	0			
10 Interest on line 9 using prior year's actual return of 1.99%	8		-	•	- · ·				0		0			
11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38a from prior year) b(1) Interest on the excess, if any, of line 38a from prior year's Schedule SB, using prior year's effective interest rate of _5 .87 % b(2) Interest on line 38b from prior year's Schedule SB, using prior year's actual return.    Contribution of (c) to be added to prefunding balance	9	Amount remaining	(line 7 minus line	8)						0 0				
a Present value of excess contributions (line 38a from prior year).  b(1) Interest on the excess, if any, of line 38a from prior year's Schedule SB, using prior year's feed visit in 38b from prior year's and the schedule SB, using prior year's decide to the prior year's decide visit in 38b from prior year's decided visit in 38b from p	10	Interest on line 9 u	sing prior year's a	actual returr	n of <u>1.99</u> %				0	0 0				
b(1) Interest on the excess, if any, of line 38 over line 38 from prior year's Schedule SB, using prior year's effective interest rate of5.87_%	11	Prior year's excess	s contributions to	be added to	prefunding balance:									
Schedule SR, using prior year's effective interest rate of <u>5</u> .8.7 %		a Present value of	excess contribut	ons (line 38	Ba from prior year)						37476			
Dig   Interest on line 38b from prior year Schedule SB, using prior year's actual return   0   37476		<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year									0			
C Total available at beginning of current plan year to add to prefunding balance.  d Portion of (c) to be added to prefunding balance.  12 Other reductions in balances due to elections or deemed elections.  0 0 0  13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)		` '	•	•						0				
d Portion of (c) to be added to prefunding balance.  12 Other reductions in balances due to elections or deemed elections.  0 0 0  13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)							<ul> <li>1 1 1 2 2 2 3 3 3 3 3 3 3 3 3 4 3 3 3 4 3 3 3 3</li></ul>			0				
12 Other reductions in balances due to elections or deemed elections		d Portion of (c) to	he added to prefi	ındina halaı	nce					37476				
13   Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)			·				<u> </u>			0				
Part III Funding Percentages  14 Funding target attainment percentage											0			
14 Funding target attainment percentage		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ng of current yea	r (line 9 + lir	ne 10 + line 11d – line 12)				0		0			
15 Adjusted funding target attainment percentage	F	Part III Fund	ding Percenta	iges							,			
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement					· · · · · · · · · · · · · · · · · · ·						95.89%			
year's funding requirement											103.12%			
Part IV Contributions and Liquidity Shortfalls  18 Contributions made to the plan for the plan year by employer(s) and employees:  (a) Date (MM-DD-YYYY)	16										100.37%			
18 Contributions made to the plan for the plan year by employer(s) and employees:  (a) Date (b) Amount paid by employer(s) (c) Amount paid by employer(s) (MM-DD-YYYY) (MM-DD	17	If the current value	of the assets of	he plan is l	ess than 70 percent of the	funding tar	get, enter suc	h percentage		17	%			
(a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (mM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (mM-DD-YYYY) (mM-DD-YYYY) (mM-DD-YYYY) (mM-DD-YYYY) (mM-DD-YYYY) (mM-DD-YYYY) (mM-DD-YYYY) (mM-DD-YYYYY) (mM-DD-YYYYYY) (mM-DD-YYYYYYY) (mM-DD-YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	P	Part IV Cont	tributions and	d Liquidi	ty Shortfalls									
(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees  03/09/2018 150,000  Totals ► 18(b) 150,000 18(c) 0  19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years. 19a 0  b Contributions made to avoid restrictions adjusted to valuation date 19b 0  c Contributions allocated toward minimum required contributions for current year adjusted to valuation date. 19c 148, 417  20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year? 19e No  b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? 19e No  c If line 20a is "Yes," see instructions and complete the following table as applicable:	18	Contributions made	e to the plan for t	ne plan yea	r by employer(s) and emp	oyees:								
Totals ► 18(b) 150,000 18(c) 0  19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years	(1				. ,					, , , , , ,				
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years		3/09/2018	1:	50,000										
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years														
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years														
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years														
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years							4							
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years			<del> </del>							1				
a Contributions allocated toward unpaid minimum required contributions from prior years						l			. 0001	3(c)	0			
b Contributions made to avoid restrictions adjusted to valuation date	19							· · ·						
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date		_						<del></del>			0			
Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?				-							0			
a Did the plan have a "funding shortfall" for the prior year?				· ·	ed contribution for current ye	ear adjusted	to valuation da	ate 19	9c		148,417			
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	20	20 Quarterly contributions and liquidity shortfalls:												
C If line 20a is "Yes," see instructions and complete the following table as applicable:  Liquidity shortfall as of end of quarter of this plan year		a Did the plan have a "funding shortfall" for the prior year?												
Liquidity shortfall as of end of quarter of this plan year		<b>b</b> If line 20a is "Ye	es," were required	quarterly ir	nstallments for the current	year made	in a timely ma	anner?			Yes No			
		<b>c</b> If line 20a is "Ye	es," see instruction	ns and com	plete the following table as	applicable								
(1) 1St (2) 2nd (3) 3rd (4) 4th		///				d of quarte	······································			- , , ,				
		(1) 1st			(2) 2nd		(3) 310			(4) 4th				

21 Blocount ratio:  a Segment ratio:  4 1, 16 % 5, 72 % 6, 6.48 % 90 NA, full yield curve used b Applicable month (enter code).  22 Weighted average retirement age	P	art V Assumption	ons Used to Determin	e Funding Target and Tar	get Normal Cost						
D Applicable month (enter order)  D Applicable (a) (see instructions)  D Appl	21	Discount rate:									
December		a Segment rates:	= 4		1			☐ N/A, ful	yield cui	rve used	
Prescribed   Substitute   Part VI   Miscellaneous Items   Part VI   Part		<b>b</b> Applicable month (en	iter code)			21k	,			0	
Prescribed - separate   Substitute   Substitute   Part VI   Miscellaneous Items   24 Has a change been made for the current plan year? If "Yes," see instructions regarding required attachment	22	Weighted average retire	ement age	•••••		22				65	
Part VI	23					] Sub	stitute				
## States	Pa	art VI Miscellane			<del>-</del>						
26   Is the plan required to provide a Schedule of Active Participants? If "Yes," see Instructions regarding required attachment.	24									∍s ∑ No	
27   If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.   28	25	Has a method change b	peen made for the current pla	an year? If "Yes," see instructions	regarding required attach	ment.			Ye	es 🛛 No	
Part VII	26	Is the plan required to p	provide a Schedule of Active	Participants? If "Yes," see instruct	ions regarding required a	attachr	nent		Ye	∍s ⊠ No	
Part VII	27					27					
28	P	art VII Reconcilia	ation of Unpaid Minim	um Required Contribution	ns For Prior Years						
(line 19a)		·····				28				0	
Part VIII   Minimum Required Contribution For Current Year  31 Target normal cost and excess assets (see instructions):  a Target normal cost (line 6)	29			•	, ,	29				0	
31   Target normal cost and excess assets (see instructions):   a Target normal cost (line 6)	30	Remaining amount of u	npaid minimum required con	tributions (line 28 minus line 29)		30				0	
31   Target normal cost and excess assets (see instructions):   a Target normal cost (line 6)	Pa	rt VIII Minimum	Required Contributio	n For Current Year							
Deciding the properties of t		······································									
Description		a Target normal cost (lir	ne 6)			31a	<b>a</b>	72,595			
a Net shortfall amortization installment		<b>b</b> Excess assets, if app	licable, but not greater than I	ine 31a		311	,				
b Waiver amortization installment	32	Amortization installmen	ts:		Outstanding Bala	nce		Ir	stallment	t -	
b Walver amortization installment   C   O		a Net shortfall amortiza	tion installment	•••••		41,7	44			6,855	
Month   Day   Year   ) and the waived amount   33		<b>b</b> Waiver amortization i	nstallment			,	q			0	
Carryover balance Prefunding balance Total balance  35 Balances elected for use to offset funding requirement	33										
Balances elected for use to offset funding requirement	34	Total funding requireme	ent before reflecting carryove	r/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34		79,450			
requirement				Carryover balance	Prefunding balar	nce		Total balance			
Additional cash requirement (line 34 minus line 35)	35			0			n			0	
37	36			. I	<u> </u>	36					
Person value of excess contributions for current year (see instructions)  a Total (excess, if any, of line 37 over line 36)		Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line									
a Total (excess, if any, of line 37 over line 36)	38	• • • • • • • • • • • • • • • • • • • •								140/417	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances						38	a			68 967	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)											
40 Unpaid minimum required contributions for all years	39									0	
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)  41 If an election was made to use PRA 2010 funding relief for this plan:  a Schedule elected											
41 If an election was made to use PRA 2010 funding relief for this plan:  a Schedule elected											
b Eligible plan year(s) for which the election in line 41a was made 2008 2009 2010 2011 42 Amount of acceleration adjustment 42					(000	-7					
b Eligible plan year(s) for which the election in line 41a was made 2008 2009 2010 2011 42 Amount of acceleration adjustment 42							П2	plus 7 vea	rs	5 years	
42 Amount of acceleration adjustment											
	42					┌────		□	_1[		
			-								

# **SCHEDULE SB, LINE 32 - Schedule of Amortization Bases**

PLAN NAME: NAFTOL & WEBERMAN CPAS P.C. DEFINED BENEFIT PLAN

**EMPLOYER ID:** 11-3397605

PLAN NUMBER: 002

PLAN YEAR: 01/01/17 to 12/31/17

Type of Plan Year Years Interest Current Base Beginning Remaining Rate Balance **Payment** Shortfall 2017 7 4.16 / 5.72 23,500 3,859

TOTALS: 23,500 3,859