	orm 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan								
	rtment of the Treasury rnal Revenue Service	This form is required to be file	This form is required to be filed under sections 104 and 4065 of the Employee Retirement						
	epartment of Labor Benefits Security Administration	Income Security Act of 1974	057(b) and 6058(a) of the li de).	nternal	This Form is Open to				
Pension Be	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I		Identification Information							
For calend	ar plan year 2018 or f	iscal plan year beginning 01/01/2			<u>/31/2018</u>	ving this hav must attach a			
A This re	turn/report is for:	X a single-employer plan	list of participating e	plan (not multiemployer) (F employer information in acc		-			
B This ret	urn/report is	a one-participant plan	a foreign plan						
		the first return/report	the final return/repor						
		an amended return/report	an amended return/report a short plan year return/report (less than 12 months)						
C Check	box if filing under:	Form 5558 automatic extension DFVC program							
		special extension (enter desc	ription)						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name					1b Three				
NATARRY	MANAGEMENT CORI	PORATION DEFINED BENEFIT PI	_AN		(PN)	number 002			
				-	()	tive date of plan			
						01/01/2007			
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 11-3385981			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NATARRY MANAGEMENT CORPORATION					2c Sponsor's telephone number 516-374-0581				
2d Busine						ness code (see instructions)			
428 CENTRA	AL AVENUE ST, NY 11516					531310			
	,								
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN			
				-	3c Admi	nistrator's telephone number			
		e plan sponsor or the plan name h			4b EIN				
	lan, enter the plan spo sor's name	onsor's name, EIN, the plan name a	and the plan number from		4d PN				
C Plan N					4u FN				
5a Total	number of participants	s at the beginning of the plan year.			5a	3			
		s at the end of the plan year			5b	3			
	· ·	account balances as of the end of			5c				
•	,	articipants at the beginning of the p		_	5d(1)	3			
			•	-	5d(2)	3			
O Number of participants who terminated employment during the plan year with econy of henefits that were less					0				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 5e									
Under pen	alties of perjury and o	ther penalties set forth in the instru	ctions, I declare that I hav	e examined this return/rep	ort, includi	ng, if applicable, a Schedule			
	edule MB completed a true, correct, and corr	and signed by an enrolled actuary, a polete.	as well as the electronic v	ersion of this return/report,	and to the	e best of my knowledge and			
SIGN		d/valid electronic signature.	10/03/2019	AARON HIRSCHFELD					
HERE	Signature of plan	administrator	Date	Enter name of individua	al signing a	as plan administrator			
SIGN		d/valid electronic signature.	10/03/2019	AARON HIRSCHFELD	<u> </u>				
HERE	Signature of emplo	Ŭ	Date		al signing :	as employer or plan sponsor			
For Paperw		ce, see the Instructions for Form 550				Form 5500-SF (2018)			

v.171027

6a							
D	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 🕅 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	1013348	1201156			
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	1013348	1201156			
с 8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	1013348 (a) Amount	1201156 (b) Total			

8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	187808	
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b		8b	16000	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		203808
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g	16000	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		16000
i	Net income (loss) (subtract line 8h from line 8c)	8i		187808
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics		· · ·	

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the ins

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

Par	V Compliance Questions				
10	During the plan year:		Yes	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)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
C	Was the plan covered by a fidelity bond?	10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		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.).	10e		x	
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		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			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11	1 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	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 instituting the waiver.		d enter Da		e of the l Ye		ıg
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 X 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	s 🗙 No	
С		uring 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.)	ify the plan(s)) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	8c(3) PN(s)

(Form 5500) Detroited in the required to be filed under section 104 of the Engloyee 2018 Detroited benefit Sectif Administration Detroited benefit Sectif Administration 2018 The schedule is nequired to be filed under section 104 of the Engloyee The Schedule is nequired to be filed under section 104 of the Engloyee Preside Sectif Administration Detroited benefit Sectif Administration Detroited benefit Sectif Administration Preside Sectif Administration Office Sectif Administration Detroited benefit Sectif Administration Preside Sectif Administration Office Administration Detroited benefit Sectif Administration Preside Sectif Administration Office Administration Office Administration National Parameter Section Detroited benefit Sectif Administration Office Administration National Parameter Section Detroited benefit Section Office Administration National Parameter Section Detroited benefit Section Office Administration National Parameter Section Detroited benefit Section Office Administration Paration Section Section Detroited benefit Section Office Administration Paration Section Section Detroited benefit Section Office Administration Paret De valuation date: Detroit		SCH	EDULE SB	Singlo-Emr	Novor Dofino	d Ron	ofit Plan		OMB N	lo. 1210-0110
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Create beside Securit Advantation Initial Provide Using Copyoint OF Public Internal Revenue Code (tip Code), in code of the Dispetition Internal Revenue Code (tip Code), in code (tip Code), in code (tip Code), in code (tip Code), i										
		Employee Benefits Security Administration Internal Revenue Code (the Code).								
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• Name of plan MATAREY MANAGEMENT CORPORATION DEFINED BENEFIT PLAN					1/2018		and ending	g 12/3	31/2018	
A Name of plan NATARRY MANAGEMENT CORPORATION DEFINED BENEFIT PLAN B Three-digit plan number (PN) 002 C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NATARRY MANAGEMENT CORPORATION D Employer Identification Number (EIN) 11-3385891 E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: [] 100 or fewer 101-500 More than 500 Part I Basic Information Import the valuation date: Mont 01 Day 01 Year 2018 2 Assess: Import the valuation date: Mont 01 Day 01 Year 2018 3 Fonding target/participant count breakdown (1) Number of participants [2] Vested Funding Target Target [] 4 For terminated vested participants 3 982780 991030 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)					is report unless reason	ahla caus	sa is astablishar	4		
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b For terminated vested participants		-				par	rticipants		Target	Target
C For active participants 3 982780 991030 d Total 3 982780 991030 d Total 3 982780 991030 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)				01.7						
d Total 3 982780 991030 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)							3		982780	991030
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)										
a Funding target disregarding prescribed at-risk assumptions. 4a b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b 5 Effective interest rate. 5 5.94 % 6 Target normal cost 6 79802 Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, differ my best estimate of anticipated experience under the plan. SIGN 10/03/2019 Signature of actuary Date MICHAEL FRANK, FSA 117-02440 Type or print name of actuary Date PENSION STRATEGIES 212-681-7976 Telephone number (including area code) 1430 BROADWAY, SUITE 1509 NEW YORK, NY 10018 Firm name Address of the firm Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions For Pa	4					۱ Γ			002/00	001000
at-risk status for fewer than five consocutive years and disregarding loading factor				•	., .,	L		4a		
at-risk status for lewer than tive consecutive years and disregarding loading factor 5 5.94 % 5 Effective interest rate								4b		
6 Target normal cost 6 79802 Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with appliedable aw and regulations. In my optimion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE 10/03/2019 Signature of actuary Date MICHAEL FRANK, FSA 17-02440 Type or print name of actuary Most recent enrollment number PENSION STRATEGIES 212-681-7976 1430 BROADWAY, SUITE 1509 Firm name Address of the firm Telephone number (including area code) If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see Instructions For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2018	5			· · · · · · · · · · · · · · · · · · ·						5.04.9/
Statement by Enrolled Actuary Image: Comparison of the bast of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN Image: Ima		_								
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instructions For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2018				Address of the firm			-			
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2018			as not fully reflected any re	egulation or ruling promulgat	ed under the statute in	completi	ng this schedule	e, check	the box and se	e
			k Reduction Act Notice,	see the Instructions for Fe	orm 5500 or 5500-SF.				Schedule S	B (Form 5500) 2018 v. 171027

Р	art II	Begir	ning of Year	Carryov	er and Prefunding B	alances						
							(a) C	arryover balance		(b) P	refundi	ng balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)											
8			•	-	nding requirement (line 35 f							
9	-											
10	Interest	on line 9 i	using prior year's a	actual retu	rn of <u>1.20</u> %							881
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:							
	a Prese	nt value o	f excess contributi	ons (line 3	38a from prior year)							79316
					a over line 38b from prior ye interest rate of							
	b(2) Int	erest on l	ine 38b from prior	year Sche	edule SB, using prior year's	actual						
						······						
					ar to add to prefunding baland							79316
	d Portio	n of (c) to	be added to prefu	inding bala	ance							
12	Other re	ductions i	n balances due to	elections	or deemed elections							
13	Balance	at beginr	ning of current year	r (line 9 +	line 10 + line 11d – line 12)							74258
F	Part III	Fun	ding Percenta	iges								
14	Funding	target att	ainment percentaç	ge							14	94.76%
15	Adjusted	I funding	target attainment p	ercentage)						15	<mark>94.76%</mark>
16								85.00%				
17	If the cu	rent valu	e of the assets of t	he plan is	less than 70 percent of the	funding targe	t, enter suc	h percentage			17	0.00%
	Part IV		tributions and									
18					ar by employer(s) and emp	-	- 1 -	(1.) A second second second		1		at a stat bas
((a) Dat MM-DD-Y		(b) Amount pa employer(-	(c) Amount paid by employees	(a) Da (MM-DD-		(b) Amount pai employer(s	•	(C	Amou emplo	nt paid by oyees
(09/15/201	9		187808								
											1	
						Totals ►	18(b)		187808	18(c)		
19			-		uctions for small plan with a							
	_			•	num required contributions				9a			
				-	usted to valuation date				9b			
					red contribution for current ye	ear adjusted to	valuation d	ate 1	9c			166517
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 "Y	es," see instructior	ns and con	nplete the following table as	••	6 4 h i n - 1 - 1					
		(1) 1s	t I		Liquidity shortfall as of er (2) 2nd	u or quarter o		/ear 3rd			(4) 4th	1
		.,			· · · · ·		(-)				,	

Page 3

P	Part V	Assumpt	ions Used	to Determine	Funding	Target and Ta	arget Nori	mal Cost		
21	Discount	t rate:			•					
	a Segm	ent rates:	1st s	egment: 3.92%	2r	d segment: 5.52%		3rd segment: 6.29 %		N/A, full yield curve used
	b Applic	able month (e	nter code)						21b	3
22	22 Weighted average retirement age								65	
23	23 Mortality table(s) (see instructions) Prior regulation: X Prescribed - combined Prescribed - see							d - separat	e Substitute	
				Current regula	tion:	Prescribed - cor	nbined	Prescribed	d - separat	e Substitute
Pa	Part VI Miscellaneous Items									
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.									
25	Has a m	ethod change	been made fo	r the current plan	year? If "Ye	s," see instructions	s regarding i	required attach	nment	Yes 🛛 No
26	Is the pla	an required to	provide a Sche	edule of Active P	articipants? I	f "Yes," see instru	ctions regard	ding required a	attachment	Yes 🗙 No
27		,		0		ode and see instru	0	0	27	
P	art VII					ed Contributio				
28	Unpaid r			-					28	
29						um required contrib			29	
30	Remaini	ng amount of	unpaid minimu	m required contr	butions (line	28 minus line 29) .			30	
Pa	Part VIII Minimum Required Contribution For Current Year									
31	Target r	normal cost an	d excess asse	ts (see instructio	ns):					
	a Target	normal cost (I	ine 6)						31a	79802
	b Exces	s assets, if ap	olicable, but no	ot greater than lin	e 31a		<u>.</u>		31b	0
32	Amortiza	ation installme	nts:				Ou	tstanding Bala	nce	Installment
	a Net sh	ortfall amortiza	ation installme	nt					29732	18577
33			•			he ruling letter gra e waived amount		•	33	
34	Total fur	nding requirem	ent before refle		-	alances (lines 31a	- 31b + 32a	+ 32b - 33)	34	98379
					Carry	over balance	Pr	efunding balar	nce	Total balance
35			se to offset fur	-						
36	Addition	al cash require	ement (line 34	minus line 35)					36	98379
37						urrent year adjuste			37	166517
38	Present	value of exces	s contributions	s for current year	(see instruct	ions)			I	
	a Total (excess, if any,	of line 37 ove	r line 36)					38a	68138
	b Portion	n included in li	ne 38a attribut	able to use of pre	efunding and	funding standard of	carryover ba	lances	38b	
39	Unpaid r	minimum requi	red contributio	n for current yea	r (excess, if a	ny, of line 36 over	[.] line 37)		39	
40	Unpaid r	ninimum requi	red contributio	ns for all years					40	
Pa	rt IX	Pension	Funding R	elief Under F	ension Re	elief Act of 20	10 (See Ir	nstructions	;)	
41	If an elec	ction was made	e to use PRA 2	2010 funding relie	of for this plar):				
	a Sched	ule elected								2 plus 7 years 15 years
	b Eligible	e plan year(s)	for which the e	election in line 41	a was made				200	08 2009 2010 2011

Nattary Management Corp. Defined Benefit Plan Schedule SB, Part V - Statement of Actuarial Assumptions/Methods Plan Name: Nattary Management Corp. Defined Benefit Plan VALUATION AS OF 01/01/2018

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Fundi	Actuarial Cost Method: PPA06 Funding Rules				
IRC430 Funding Yield Curve Segme	nted Rates				
First Segment:	3.92%				
Second Segment:	5.52%				
Third Segment:	6.29%				
IRC404 Funding Yield Curve Segmented Rates					
First Segment:	1.76%				
Second Segment:	3.74%				
Third Segment:	4.63%				
Pre-Retirement Valuation Assumption	าร				
Retirement Valuation Assumptions					
Mortality Table	2018 430(h)(3)(A)-Optional combined				
Optional Forms Assumption					
100% of participants will elect the	ne Plan Normal Form				
Pre-Retirement Actuarial Equivalence A	ssumptions				
Investment Earnings	5% Effective annual rate				
Retirement Actuarial Equivalence Assu	mptions				
Investment Earnings	5% Effective annual rate				
Mortality Table	1994 GAR PROJ 2002				
Assumptions for IRC415 Maximum Ben	efit Actuarial Adjustments				
Investment Earnings	5% Effective annual rate				
Mortality Table	2018 417(e)(3) Applicable Mortality Table				
Retirement Protection Act of 1994 Int	erest Rate for non-life annuities				
Investment Earnings	5% Effective annual rate				

Form 5500-SF	Short Form Annual	Return/Repor	rt of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service		Benefit Plan	· · · · · · · · · · · · · · · · · · ·		2018				
Department of Labor	Retirement Income Security Ac	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a)							
Employee Benefits Security Administration	of the Internal Revenue Code (the Code). This Form is Open Public Inspection								
Pension Benefit Guaranty Corporation		Complete all entries in accordance with the instructions to the Form 5500-SF.							
Part IAnnual ReporFor calendar plan year 2018 or fis	rt Identification Information		and ending						
	X a single-employer plan	a multiple-employ		Filers che	ecking this box must attach a				
A This return/report is for:	a one-participant plan		g employer information in acc		-				
B This return/report is:	the first return/report	the final return/rep	nort		х				
-	an amended return/report		return/report (less than 12 m	onths)					
C Check box if filing under:	X Form 5558	automatic extensio			DFVC program				
	special extension (enter descript		JII						
Bort II Basic Blan Inf									
Part II Basic Plan Inf 1a Name of plan	formation—enter all requested information	mation		1b Thre	ee-digit				
				plan	number				
Natarry Management Corporati	ion Defined Benefit Plan			(PN)					
				1c Effe	ctive date of plan 1/1/2007				
2a Plan sponsor's name (empl	bloyer, if for a single-employer plan)			2b Emp	bloyer Identification Number				
	pom, apt., suite no. and street, or P.O. E	Box)		EIN (EIN	,				
	nce, country, and ZIP or foreign postal of		nstructions)	2c Spor	nsor's telephone number				
Natarry Management Corporation	ion			516-3740					
				2d Busi	iness code (see instructions)				
428 Central Avenue									
Cedarhurst, NY 11516				531310					
3a Plan administrator's name a	and address X Same as Plan Spo	nsor.	3	3b Adm	ninistrator's EIN				
Same			:	3c Adm	ninistrator's telephone number				
ounio	÷. (•				
	he plan sponsor or the plan name has o	-		4b EIN					
	onsor's name, EIN, the plan name and	the plan number from	the last return/report.	4d PN					
a Sponsor's name									
C Plan Name									
5 a Total number of participant	ts at the beginning of the plan year			5a	3				
	ts at the end of the plan year			5b	3				
	h account balances as of the end of the			_					
				5c					
	participants at the beginning of the plan			5d(1)	3				
	participants at the end of the plan year			5d(2)	3				
	o terminated employment during the pla			5e	0				
	ate or incomplete filing of this return			ause is (established.				
	her penalties set forth in the instructions								
	nd signed by an enrolled actuary, as we	ell as the electronic ve	ersion of this return/report, ar	nd to the l	best of my knowledge and				
belief, it is true, correct, and comp	olete.								
SIGN Aaron t	Yirschfeld	10/3/2019	Aaron Hirschfeld						
HERE Signature of plan ad		Date	Enter name of individual	signing a	e nlan administrator				
Agran di				Signing ~	s plan dominiou dio.				
	uschfeld	10/3/2019	Aaron Hirschfeld						
HERE Signature of employe	er/plan spersor	Date	Enter name of individual	signing a	as employer or plan sponsor				

Date

HERE	Signature of employer/plan sponsor
For Paperw	ork Reduction Act Notice, see the Instructions for Form 5500-SF

Enter name of individual signing as employer or plan sponsor

Form 5500-SF (2018)

Page **2**

	Were all of the plan's assets during the plan year invested in eligible						X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility						X Yes No
	If you answered "No" to either line 6a or line 6b, the plan can		,				
С	If the plan is a defined benefit plan, is it covered under the PBGC insurar	nce program (see ERISA section 4021)	?	Ye	es X	No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pre	mium filing for this plan	year			. (See instructions.)
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Year
a	Total plan assets	7a		1,01	3,348		1,201,156
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c		1,01	3,348		1,201,156
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		18	37,808		
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)	·				
b	Other income (loss)	8b		1	6,000		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					203,808
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е		8e					
f	Administrative service providers (salaries, fees, commissions)	8f 🄷					
g	Other expenses	8g		1	6,000		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					16,000
i	Net income (loss) (subtract line 8h from line 8c)	8i					187,808
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 1A	feature code	es from the List of Plan	Charac	teristic (Codes ir	n the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature codes	s from the List of Plan C	haracte	eristic C	odes in	the instructions:
Pa	rt V Compliance Questions						
10	During the plan year:			-	Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributi						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol					v	
h	Program) Were there any nonexempt transactions with any party-in-interest?			10a		Х	
~	reported on line 10a.)			10b		х	
С				10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		х	
e				100		~	
	carrier, insurance service, or other organization that provides some	e or all of the	benefits under				
	the plan? (See instructions.)			10e		Х	
f	Has the plan failed to provide any benefit when due under the plan			10f		Х	
<u> </u>				10g		Х	
n	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 2520.101			401			
	exceptions to providing the notice applied under 29 CFR 2520.101	-0		10i			

	SCHEDULE SB	Single-Employer Defined Benefit Plan							OMB No. 1210-0110			
	(Form 5500)	ļ 4	Actua	rial Info	rmatio	on				2018		
	Department of the Treasury									2010		
	Internal Revenue Service Department of Labor	This schedule is re Retirement Income							This Form	n in Onen to D	uhlia	
	Employee Benefits Security Administration		Internal R	evenue Code	e (the Ćod	le).				n is Open to Pu Inspection	UDIIC	
	Pension Benefit Guaranty Corporation	► File as a	an attach	ment to For	m 5500 o	or 5500-SF						
Fo	r calendar plan year 2018 or fiscal pla	an year beginning				an	d end	ing				
	Round off amounts to nearest do											
<u> </u>	Caution: A penalty of \$1,000 will be	assessed for late filing of	of this rep	ort unless rea	asonable	_		ed.				
A	Name of plan	inad Papafit Dian				B Three	-			0.0		
mata	arry Management Corporation Def	ined benefit Plan				pian r	admui	r (PN)		02		
С	Plan sponsor's name as shown on l	ine 2a of Form 5500 or 5	5500-SF			D Emplo	oyer lo	lentificat	ion Number (I	EIN)		
Nata	arry Management Corporation					11-33859	81					
Е	Type of plan: X Single Mult	tiple-A Multiple-B		F Prior year	plan size:	X 100 or	fewer		101-500	More than 500)	
P	art I Basic Information							·				
1	Enter the valuation date:	Month 01 Day	y 01	Year	2018	3						
2	Assets:											
	a Market value							2a		1.0	013,348	
	b Actuarial value							2b			013,348	
3	Funding target/participant count bre	akdown			1 (1)	Number of		(2) Veste	ed Funding	(3) Total Fu		
					pa	rticipants		Та	arget	Target	t	
	a For retired participants and bene	ficiaries receiving payme	ent									
	b For terminated vested participant	ts										
	C For active participants						3		982,780		991,030	
	d Total			······			3		982,780	·	991,030	
4	If the plan is in at-risk status, check	the box and complete lin	nes (a) an	d (b)								
	a Funding target disregarding pres	cribed at-risk assumption	ns					4 a				
	b Funding target reflecting at-risk a							4b				
	in at-risk status for fewer than five		disregare	ding loading f	actor							
5	Effective interest rate							. 5			5.94%	
6	Target normal cost							6			79,802	
Sta	tement by Enrolled Actuary To the best of my knowledge, the information sup	oplied in this schedule and accor	npanving sch	edules, statemen	ts and attach	ments, if any, is	complet	e and accu	rate. Each prescril	bed assumption was	applied in	
	accordance with applicable law and regulations.	In my opinion, each other assum	ption is reaso									
	assumptions, in combination, offer my best estim	are of anticipated experience un	der the plan.									
	SIGN	Au al	1	2.	h							
F	IERE	7. 1/1.02	and	714					10/3/20	19		
		Signature of actuary				4.77			Date			
MIC	HAEL FRANK, FSA					1/0)2440					
		or print name of actuary				(0.4	0) 00		recent enrolln	nent number		
PEN	ISION STRATEGIES					(21		1-7976	number (incl	luding area and	-	
		Firm name					16	elebuoue		luding area code	=)	
143) BROADWAY, SUITE 1509											
	V YORK		1	NY 10	018							
		Address of the firm										
If the	e actuary has not fully reflected any re	egulation or ruling promu	Igated un	der the statut	e in comp	pleting this so	chedul	e, check	the box and	see		
instr	uctions		-			<u> </u>		,				
For	Paperwork Reduction Act Notice,	see the Instructions fo	r Form 5	500 or 5500-	SF.				Schedul	e SB (Form 550	00) 2018	

3 (Form 5500) 2016 v. 171027

Page	2-	
Page	2-	

Ра	rt II	Begiı	nning of Year	Carryov	er and Prefunding Ba	lances					
							(6	a) Carryover baland	e	(b) Pref	unding balance
7					plicable adjustments (line 13	•			_		70.077
•					f				0		73,377
8					funding requirement (line 3						
9		· · ·							0		73,377
10			0 (,	eturn of <u>1.20</u> %				0		881
11	Prior	year's ex	cess contributions	s to be add	ed to prefunding balance:						
		-			line 38a from prior year)						79,316
	b(1)	Interest	on the excess, if a	ny, of line 3	38a over line 38b from prior	year					
						%					0
	b(2)			•	chedule SB, using prior year						
	с т	otal avai	able at beginning	of current p	olan year to add to prefundin	g balance					79,316
	d P	ortion of	(c) to be added to	prefunding	g balance						
12	Other re	ductions	in balances due t	o elections	or deemed elections						
13	Balance	at begin	ning of current yea	ar (line 9 +	line 10 + line 11d – line 12) .				0		74,258
Ра	rt III	Fund	ing Percentag	ges							
14	Funding	target at	tainment percenta	age							94.76%
					9						94.76%
	-		• •		of determining whether carry		-	•		16	
	-	-	-								85.00%
					less than 70 percent of the	funding target	i, enter su	ch percentage		17	%
	rt IV		ributions and								
18			•		ar by employer(s) and employer	-				())	
(M	(a) Dat M-DD-Y		(b) Amount p employer	-	(c) Amount paid by employees	(a) Da (MM-DD-ץ		(b) Amount paid employer(s)	-	• •	nount paid by nployees
	9-15-20			187,808							
					·						
					10						
						Totals <	18(b)		87,808	18(c)	0
					uctions for small plan with a						
					mum required contributions t				19a		0
					justed to valuation date						0
			utions and liquidity		quired contribution for currer	n year aujusti	eu io valu		19c		166,517
											Yes X No
			-		he prior year?						
					installments for the current		a umely n			······	Yes No
	C IT line	20a is "'	res," see instruction	ons and col	mplete the following table as Liquidity shortfall as of er		of this nla	n vear			
		(1) 1:	st		(2) 2nd		(3) (3)			(4)	4th

Page 3

Ра	rt V Assumption	ns Used to Determine Fu	nding Target and Targe	et Normal Cost					
21	Discount rate:	<u></u>	i	1		1			
	a Segment rates:	1st segment: 3.92%	2nd segment 5.52%	3rd segme	ent: 5.29%	N/A ,	full yield	curve u	ised
	b Applicable month ((enter code)			21b		3		
22	Weighted average retir	rement age			22				65
23	Mortality table(s) (see	instructions) Prior regu	lation: X Prescribed	- combined	Prescribed -	separate	S	ubstitu	te
		Current re	egulation: Prescribed	- combined	Prescribed -	separate	S	ubstitu	te
Pa	rt VI Miscellaneo	ous Items							
24	Has a change been ma	ade in the non-prescribed actuar	ial assumptions for the current	plan year? If "Yes," se	ee instructions	regarding	require	d	_
	attachment						📋	Yes	X No
25	Has a method change	been made for the current plan	year? If "Yes," see instructions	regarding required att	achment			Yes	X No
26	Is the plan required to	provide a Schedule of Active Pa	rticipants? If "Yes," see instruct	tions regarding require	ed attachment			Yes	X No
27		alternative funding rules, enter a	••	v v	27				
Par	t VII Reconciliati	ion of Unpaid Minimum I	Required Contributions	For Prior Years					
28	Unpaid minimum requi	ired contributions for all prior yea	ırs		28				0
29		contributions allocated toward ur			⁵ 29				0
30		unpaid minimum required contrib			30				0
Par	t VIII Minimum Re	equired Contribution Fo	r Current Year						
31		d excess assets (see instructions							
	a Target normal cost	: (line 6)			31a				79,802
	b Excess assets, if a	pplicable, but not greater than lir	ne 31a		31b				
32	Amortization installmer	nts:		Outstanding B	alance		Install	ment	
	a Net shortfall amortize	ization installment			29,732				18,577
	b Waiver amortization	n installment	•						
33		pproved for this plan year, enter Day Year	the date of the ruling letter gran) and the waived amount		33				
34	Total funding requirem	ent before reflecting carryover/p	refunding balances (lines 31a -	31b + 32a + 32b - 33) 34				98,379
			Carryover balance	Prefunding ba	alance		Total b	alance)
35	Balances elected for us requirement	se to offset funding							0
36	Additional cash require	ement (line 34 minus line 35)		·	36				98,379
37		d toward minimum required contr			37				166,517
38		ss contributions for current year (
	a Total (excess, if any	y, of line 37 over line 36)			38a				68,138
	b Portion included in	line 38a attributable to use of pr	efunding and funding standard	carryover balances .	38b				0
39	Unpaid minimum requi	ired contribution for current year	(excess, if any, of line 36 over	line 37)	39				0
40	Unpaid minimum requi	ired contributions for all years			40				0
Pa	rt IX Pension Fu	nding Relief Under Pens	ion Relief Act of 2010 (See Instructions)				
41		le to use PRA 2010 funding relie	•						
	a Schedule elected					2 plus	7 years	; П	15 years
	b Eligible plan year(s	s) for which the election in line 41	a was made		20			2010	2011

Nattary Management Corp. Defined Benefit Plan Schedule SB, line 19 - Discounted Employer Contributions Plan Name: Nattary Management Corp. Defined Benefit Plan VALUATION AS OF 01/01/2018

			Effective		Penalty	Additional	Value
		Plan	Rate of	Discounted	Rate of	Discounted	As of
Date	Amount	Year	Interest	Amount	Interest	Amount	Valuation Date
09/15/2019	187808.00	2018	5.94%	170219.00	10.94%	-3702.48	166516.52
Total for Minimum Required Contribution	187808.00			170219.00		-3702.48	166516.52

Nattary Management Corp. Defined Benefit Plan Schedule SB, line 22 - Description of Weighted Average Retirement Age Plan Name: Nattary Management Corp. Defined Benefit Plan VALUATION AS OF 01/01/2018

The weighted average retirement age of 65 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Nattary Management Corp. Defined Benefit Plan Schedule SB, Part V - Summary of Plan Provisions Plan Name: Nattary Management Corp. Defined Benefit Plan VALUATION AS OF 01/01/2018

Plan Effective Date	January 1, 2007
Plan Anniversary Date	January 1, 2018
Participation Eligibility	Minimum age: 21 and Minimum months of service: 12
Plan Entry Date	01/01 or 07/01 coincident with or following the satisfaction of the requirements
Normal Retirement Date	First day of the month coincident with or following age 65 and the completion of 5 years of participation Not to exceed the later of age 65 and 5 years of participation
Normal Form of Benefit	Single Life Annuity (Qualified Joint and Survivor annuity is the required standard option)
Normal Retirement Benefit	 4.5% per year of service times comp Benefit reduced before offset by 1/0 for each year of service less than 0 Maximum total years of service: 25 Maximum years of past service: 5 Minimum benefit: \$833.00 per month IRC415 maximum annual benefit: \$220,000 Actuarially adjusted under IRC415(b) for benefit commencement age and benefit form Benefit limited to 100% of compensation Minimum benefit: 2% of compensation per year of topheavy plan service up to 10 (actuarially adjusted for benefit form)
Compensation Definition	Highest consecutive 3 year average salary over all service Annual salary up to \$275,000 considered
Pre-Retirement Death Benefit	Lump sum payable on death of participant
Benefit Amount	100 times the normal retirement benefit Minimum death benefit: \$2,000.00
Vested Retirement Benefit	Vesting Schedule: 20% a year after 2 years (100% after 6 years) Exclude service before effective date Computation Period: Elapsed Time Method Based on periods of service rounded to nearest year
Accrued Retirement Benefit	Pro-rated on service Maximum number of years of past credited benefit accrual service is 5

Nattary Management Corp. Defined Benefit Plan Schedule SB, line 32 - Schedule of Amortization Bases Plan Name: Nattary Management Corp. Defined Benefit Plan VALUATION AS OF 01/01/2018

	Present	Date	Years	Amount of
Type of Base	Value	Established	Remaining	Installment
Shortfall Base	43,712	01/01/2013	2	22,276
Shortfall Base	-13,980	01/01/2015	4	-3,699
Total	29,732			18,577