_	rm 5500-SF	Short Form Annual	Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210-0110 1210-0089		
	artment of the Treasury rnal Revenue Service	This form is required to be filed u	under sections 104 and				2014		
	Pepartment of Labor Benefits Security Administration	Income Security Act of 1974 (Ef	RISA), and sections 60 Revenue Code (the Cod		Interna	This F	Form is Open to		
Pension Be	enefit Guaranty Corporation	Complete all entries in acc	cordance with the inst	tructions to the Form 5	500-SF		blic Inspection		
Part I		Identification Information			104/00	4.4			
For calenua	ar plan year 2014 or its	scal plan year beginning 01/01/2014			<u>/31/201</u> (Filors		ex must attach a list		
	eturn/report is for: urn/report is	a one-participant plan the first return/report an amended return/report	of participating emplo a foreign plan the final return/report	plan (not multiemployer) oyer information in accord irn/report (less than 12 m	dance	with the form ins			
C Check	box if filing under:	Form 5558 special extension (enter description)	automatic extension			DFVC progra	am		
Part II	Basic Plan Info	rmation—enter all requested inform	nation						
1a Name					1b	Three-digit plan number (PN) ▶	001		
					1c	Effective date of			
	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ALIN & GOETZ, INC.				2b	ification Number 851399			
	0 W. 29TH STREET, 3RD FLOOR						ohone number 44-7771		
NEW YORK,	W YORK, NY 10001					2d Business code (see instructions) 541990			
					30	Administrator s	telephone number		
		e plan sponsor has changed since the nber from the last return/report.	last return/report filed	for this plan, enter the	4b				
·	sor's name				4c				
		at the beginning of the plan year					23		
		at the end of the plan year			5k	a	20		
comple	lete this item)	account balances as of the end of the			50		20		
		rticipants at the beginning of the plan	-		5d(*		19		
		rticipants at the end of the plan year erminated employment during the plan			5d(2)		16		
					56	e	· ·		
Under pena SB or Sche	alties of perjury and oth	or incomplete filing of this return/re ner penalties set forth in the instruction nd signed by an enrolled actuary, as w plete.	ons, I declare that I have	e examined this return/rep	port, in	cluding, if applic	cable, a Schedule / knowledge and		
SIGN	Filed with authorized/v	valid electronic signature.	09/08/2015	ANDREW GOETZ					
HERE	Signature of plan ad	dministrator	ninistrator Date Enter name of inc		ual sig	ning as plan ad	ministrator		
SIGN HERE				_					
	Signature of employ		Date	Enter name of individ	-				
Preparers	name (including inm ha	ame, if applicable) and address (inclu		er) (optional)			e number (optional)		

-	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public accounta	nt (IC	PA)						
	If you answered "No" to either line 6a or line 6b, the plan cann										
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA section 40	21)?		Yes	No	Not dete	ermined		
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End o	of Year			
а	Total plan assets	. 7a	3283						560		
b	Total plan liabilities	. 7b		0			0				
С	Net plan assets (subtract line 7b from line 7a)	. 7c	3283	819				505	560		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal			
	Contributions received or receivable from: (1) Employers	. 8a(1)	1638	815							
	(2) Participants	. 8a(2)		0							
	(3) Others (including rollovers)	. 8a(3)		0							
b	Other income (loss)	. 8b	197	′55							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						183	3570		
	Benefits paid (including direct rollovers and insurance premiums		52	204							
	to provide benefits)	. 8d			I(IQPA) X Yes No use Form 5500. 1)? Yes No Not determined (b) End of Year 9 505560 0 0 0 0 9 505560 0 0 0 0 9 50 0 0 0 0 5 0 0 0 0 5 0 0 0 0 5 0 0 0 0 6 0 0 0 0 6 0 0 0 0 0 6 0 0 0 0 0 0 100 0 </th						
	Certain deemed and/or corrective distributions (see instructions)		10	0 19755 19755 183570 5304 0 1025 0 6329 177241 0							
	Administrative service providers (salaries, fees, commissions)	rs (salaries, fees, commissions) 8f 8g 8e, 8f, and 8g)									
	Other expenses			0	_				2220		
	Total expenses (add lines 8d, 8e, 8f, and 8g)				_						
	Net income (loss) (subtract line 8h from line 8c)							177	Yes No etermined r 05560 0 05560 0 0 05560 0 0 0 0 0 0 0 0		
-		. 8j		0							
Par 9a											
b	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe										
Part							1				
10	During the plan year:				Yes	No		Amount			
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X					
d	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X				60000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х					
g	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 instru	uctions and 29 CFR	ivg							
	2520.101-3.)			10h		Х					
i 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							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s X No		
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	rom Schec	lule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Ye	s X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)								

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If 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		
C 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 onegative amount)	of a	12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?		· 🗆 ۲	Yes 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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

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Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan	065 of the Employee Re	etirement	2014			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code	7(b) and 6058(a) of the	Internal	This Form is Open to			
Pension Benefit Guaranty Corporation	 Complete all entries in a 	```	,	00-SF.	Public Inspection			
Part Annual Report	dentification Information							
For calendar plan year 2014 or fis		2014	and ending 1	2/31/2014				
A This return/report is for:B This return/report is	X a single-employer plan a one-participant plan the first return/report an amended return/report	of participating employ a foreign plan the final return/report a short plan year return	an (not multiemployer) (yer information in accord n/report (less than 12 mo	lance with th				
C Check box if filing under:	X Form 5558	automatic extension			VC program			
Part II Basic Plan Infor	mation—enter all requested inf	ormation		-				
1a Name of plan MALIN & GOETZ, INC. PROFIT SI	HARING PLAN			(PN)	number 001			
					tive date of plan 1/2008			
2a Plan sponsor's name and add Malin & Goetz, Inc.	ress; include room or suite numbe	r (employer, if for a single-	employer plan)		oyer Identification Number 14-1851399			
				2c Sponsor's telephone number (212) 244-7771				
210 W. 29th Street, 3rd Floor				2d Business code (see instructions)				
New York, NY 10001 3a Plan administrator's name and	d address XISame as Plan Spons	or.		54199 3b Admi	nistrator's EIN			
4 If the name and/or EIN of the	plan sponsor has changed since t	he last return/report filed fo	or this plan, enter the	4b EIN	nistrator's telephone number			
	ber from the last return/report.			4c PN				
5a Total number of participants	at the beginning of the plan year			5a	23			
	at the end of the plan year			5b	20			
c Number of participants with a	ccount balances as of the end of t	he plan year (defined bene	fit plans do not	5c	20			
	licipants at the beginning of the pla			5d(1)	19			
d(2) Total number of active par	ticipants at the end of the plan yea	۱۲		5d(2)	16			
	minated employment during the p			5e	7			
Caution: A penalty for the late of	r incomplete filing of this return	/report will be assessed	unless reasonable cau	ise is estab	lished.			
Under penalties of perjury and oth SB or Schedule Mesonnaleted an belief, it is frue, correct, and comp	er penalties set forth in the instruct d signed by an enrolled actuary, a	tions. I declare that I have	examined this return/rep	ort, includir	ig, if applicable, a Schedule			
SIGN UNDER GOLTA)	4/29/2015	ANDREW GOETZ					
HERE 7CD907249C7347A Signature of plan ac	Iministrator	Date	Enter name of individ	ual signing a	as plan administrator			
SIGN					·			
HERE Signature of employ		Date			as employer or plan sponsor			
Preparer's name (including firm na	ame, if applicable) and address (in	clude room or suite numbe	r) (optional)	Preparer's	telephone number (optional)			
					· · · · · · · · · · · · · · · · · · ·			
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the	Instructions for Form 5500-	SF.		Form 5500-SF (2014)			

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b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann	an independer and condition	ent qualified public accounta ns.)	ccountant (IQPA)				X Ye X Ye	
	If you answered "No" to either line ba or line bb, the plan can If the plan is a defined benefit plan, is it covered under the PBGC in						No П	Not dete	ermined
Par 7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
		. 7a	328319				(w)	5055	60
	Total plan assets Total plan liabilities	. 7b		0					0
	Net plan assets (subtract line 7b from line 7a)		32831	9				5055	60
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	. 8a(1)	16381	5				• .	
	(2) Participants		(0					
	(3) Others (including rollovers)			0					
	Other income (loss)	1 1	1975	5		11.00			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						1835	70
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	5304	4				· . ·	-
e	Certain deemed and/or corrective distributions (see instructions)	. 8e)					
f	Administrative service providers (salaries, fees, commissions)	. 8f	102						
g	Other expenses	. 8g		00	_				
	Total expenses (add lines 8d, 8e, 8f, and 8g)							63	
	Net income (loss) (subtract line 8h from line 8c)							1772	41
j	Transfers to (from) the plan (see instructions)	·· 8j	(0					
Par									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature code	es from the List of Plan Chara	acteria	stic Co	des in th	ie instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	feature codes	from the List of Plan Charac	cteris	lic Cod	es in the	instructi	ons:	
Part	V Compliance Questions								
10	During the plan year:		anne cana anna anna anna anna anna anna		Yes	No		Amoun	t
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	utions within t luciary Correc	the time period described in ction Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not inc	clude transactions reported	10b		х	<u></u>		
с	Was the plan covered by a fidelity bond?			10c	X				60000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bond	l, that was caused by fraud	10d		x			
e	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or al instructions.)	her persons I I of the benef	by an insurance carrier, its under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan			10f		х		-	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g	:	Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruct	tions and 29 CFR	10h		x			
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required r	notice or one of the	10i		-	-		
Part									
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If "Ye	es," see instructions and com	nplete	Scheo	lule SB (Form	- Ye	es 🗙 No
11a	Enter the unpaid minimum required contribution for current year					11a			
12	Is this a defined contribution plan subject to the minimum funding					302 of El	RISA?	Ye	es 🛛 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as applicab	ole.)						
	If a section of the minimum functions at and and for a prior year is bai			ctions	and	ontor the	t to atch	ha latter	ทิเม็กด

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If 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			
				•		
C Enter the amount contributed by the employer to the plan for this plan ye	ar ,		12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)			12d		•	
e Will the minimum funding amount reported on line 12d be met by the fun	ding 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?			١	res 🛛 No		
If "Yes," enter the amount of any plan assets that reverted to the employ-	er this year		13a			
b Were all the plan assets distributed to participants or beneficiaries, transformed of the PBGC?		under the c	ontrol] Ye	es 🗙 No
C If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify th	ne plan(s) t	0			
13c(1) Name of plan(s):		13	8 c(2) El	N(s)	13c(3) PN(s)
Part VIII Trust Information (optional)						
14a Name of trust			14b Ti	rust's EIN		