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 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

2015

This Form is Open to Public Inspection

		rt Identification Information	n			
For	calendar plan year 2015 or	r fiscal plan year beginning 01/01	/2015 and ending 12	2/31/20°	15	
A T	his return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		-	
Вт	his return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)		
C	Check box if filing under:	Form 5558 special extension (enter design)	automatic extension cription)		DFVC progr	am
Pa	rt II Basic Plan In	formation—enter all requested in	nformation			
1a	Name of plan N & GOETZ, INC. PROFIT			ŗ	Three-digit blan number PN)	001
				1c	Effective date of 01/0	plan 1/2008
	Mailing address (include ro	ployer, if for a single-employer plan)	O. Box)		Employer Identif EIN) 14-1	ication Number 851399
	I & GOETZ, INC.	nice, country, and zir or loreign pos	stal code (if foreign, see instructions)	2c S	Sponsor's telepl 212-24	none number 14-7771
210 W NEW `	. 29TH STREET, 3RD FLO YORK, NY 10001	OOR		2d ∃	Business code (: 5419	see instructions)
3a	Plan administrator's name	and address XSame as Plan Spor	nsor.	3b /	Administrator's E	EIN
						elephone number
4		the plan sponsor has changed since number from the last return/report.	e the last return/report filed for this plan, enter the	4b 1		
а	Sponsor's name			4c	ı	
5a	Total number of participar	nts at the beginning of the plan year		5a		20
b	Total number of participar	nts at the end of the plan year		5b		23
С			f the plan year (defined benefit plans do not	5с		23
d(1) Total number of active	participants at the beginning of the p	plan year	5d(1	-	16
d (2) Total number of active	participants at the end of the plan y	ear	5d(2	2)	21
	than 100% vested		ne plan year with accrued benefits that were less	5e		1
	<u> </u>		rn/report will be assessed unless reasonable car			alda a Oalaadad
SBc		I and signed by an enrolled actuary,	uctions, I declare that I have examined this return/re as well as the electronic version of this return/repor			

Form 5500-SF 2015		Page 2							
 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 a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an indepen and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		□ .	Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not de	etermined
Part III Financial Information	1								
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	7a		505	5560 0				6	64124 0
b Total plan liabilities	7b 7c		505	5560				6	64124
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	70	(a) Amou		300			(b)	Total	04124
a Contributions received or receivable from:		(a) Amot	4111				(10)	IOtal	
(1) Employers	8a(1)		165	5458					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b			482					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	65940
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3	3487					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f		3	3449					
g Other expenses	8g			440					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								7376
i Net income (loss) (subtract line 8h from line 8c)	8i							1	58564
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instruc	tions:	
10 During the plan year:				Yes	No	N/A		Amou	nt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Х					60000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons	by an insurance he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla			10f		X				
			10g		X				
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				X				
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	he required	notice or one of the	10h 10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			10)	<u> </u>					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								<u>.</u>	res X No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	. 🗍 .	res X No

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b 1	Γrust's EIN	١		
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
	rianio	of tubics of suctorial			telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP	
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

DocuSign Envelope ID: D030D1F6-73B4-4F05-903B-A56AB76EF5C5

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) **A** This return/report is for: 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 return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number MALIN & GOETZ, INC. PROFIT SHARING PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/2008 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 14-1851399 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number Malin & Goetz, Inc. (212) 244-7771 2d Business code (see instructions) 541990 210 W. 29th Street, 3rd Floor New York, NY 10001 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN **3c** Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 20 5a Total number of participants at the beginning of the plan year..... 5b 23 **b** Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 23 complete this item) 16 5d(1) d(1) Total number of active participants at the beginning of the plan year 5d(2) 21 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 1

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is true Decreed and complete 7/1/2016 drew Goeta ANDREW GOETZ SIGN **HERE** Date Signature of plan administrator Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF 2015 Page 2 X Yes **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No 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. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? | Yes | No Not determined Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 505560 664124 a Total plan assets..... 7a **b** Total plan liabilities 7b 505560 664124 C Net plan assets (subtract line 7b from line 7a) 7с (b) Total Income, Expenses, and Transfers for this Plan Year (a) Amount Contributions received or receivable from: 165458 8a(1) (1) Employers 0 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 482 Other income (loss) 165940 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums 3487 to provide benefits) e Certain deemed and/or corrective distributions (see instructions)... 8e 3449 Administrative service providers (salaries, fees, commissions)..... 8f 440 g Other expenses 8g 7376 h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 158564 Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)..... 0 Part 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 instructions: В If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V **Compliance Questions** During the plan year: Yes No N/A Amount 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 Х Program) 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions Х 10b C Was the plan covered by a fidelity bond?..... 60000 10c Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused Х 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance Х carrier, insurance service, or other organization that provides some or all of the benefits under 10e the plan? (See instructions.)..... Has the plan failed to provide any benefit when due under the plan? Х g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) Χ 10a If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Χ 10h 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 Did the plan trust incur unrelated business taxable income? Part VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes X 5500) and line 11a below)..... 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40...... 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. Yes

		orm 5500-SF 2015 Page 3 - 1						
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grantir	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ing ng the waiver	Month	enter the c Day		letter ruli ear_	ng	
	•	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		12b				
b Enter the minimum required contribution for this plan year								
_		ne amount contributed by the employer to the plan for this plan year		12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)		12d				
е		e 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?					. Yes X No			
		s," enter the amount of any plan assets that reverted to the employer this year		13a				
	of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough PBGC?				res X I	No	
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)	
Part	: VIII	Trust Information						
14a	Name o	of trust		14b Tru	ust's EIN			
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
						amboi		
Par	t IX	IRS Compliance Questions						
		IRS Compliance Questions plan a 401(k) plan?		Yes		□ No		
15a	Is the p	<u> </u>		Yes	ign- ed safe por		/ACP	
15a 15b	Is the part of the A testing	plan a 401(k) plan?," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an	urrent year 401(m)-	Yes Des base harb mett Yes	ign- ed safe oor hod	□ No	/ACP	
15a 15b 15c	Is the part of the A testing 2(a)(2) Check	plan a 401(k) plan?	urrent year 101(m)- on 410(b):	☐ Yes ☐ Des base harb mett ☐ Yes ☐ Ratio	ign- ed safe oor hod	No ADP test	/ACP rage efit test	
15a 15b 15c	Is the part of the Atlanta (a) (2) Check	plan a 401(k) plan?	urrent year 101(m)- on 410(b):	Yes Des base harb mett Yes Ratio perco	ign- ed safe oor hod	No ADP test	rage	
15a 15b 15c 16a 16b	Is the part of the first of the	plan a 401(k) plan?	urrent year 401(m)- on 410(b):	Pes Des base harb mett	ign- ed safe oor hod	No ADP test No Ave bender	rage	
15a 15b 15c 16a 16b	Is the part of the A testing 2(a)(2) Check Does the this plate the Date the A testing 2 testing	plan a 401(k) plan?	urrent year 401(m)- on 410(b):	Pes Des base harb mett Yes Ratio percotest Yes Yes	ign- ed safe oor hod o eentage	No ADP test No Ave bend No No	rage efit test	
15a 15b 15c 16a 16b 17a 17b	Is the part of the A testing 2(a)(2) Check Does to this plate the A testing 2 this plate the A testing	plan a 401(k) plan?	urrent year 401(m)- on 410(b): bining Enter the a	Pes	ign- ed safe oor hod o centage	No ADP test No Ave bend No No (See ins	rage effit test N/A structions	
15a 15b 15c 16a 16b 17a 17b	Is the part of the	plan a 401(k) plan?	urrent year 401(m)- on 410(b): bining Enter the a an that is subject	Pes	ign- ed safe por hod o centage code	No ADP test No Ave bend No No Osee ins	rage effit test N/A structions	
15a 15b 15c 16a 16b 17a 17b	Is the part of the	plan a 401(k) plan?	urrent year 401(m)- on 410(b): bining Enter the a an that is subject number nter the date of) has been	Pes	ign- ed safe por hod o centage code	No ADP test No Ave bend No No Osee ins	rage effit test N/A structions	
15a 15b 15c 16a 16b 17a 17b	Is the part of the	plan a 401(k) plan?	urrent year 401(m)- on 410(b): bining Enter the a an that is subject number nter the date of) has been a Islands)?	Pes Des base harb mett Yes Ration percontest Yes Yes Yes pplicable to a favor	ign- ed safe por hod o centage code prable IRS	No ADP test No Ave bendered No No Opinion of table	rage effit test N/A structions	
15a 15b 15c 16a 16b 17a 17b 17c	Is the part of the	plan a 401(k) plan?	urrent year 401(m)- on 410(b): bining Enter the a an that is subject number nter the date of) has been a Islands)?	Yes Des base harb mett Yes Ration percontest Yes Yes Yes Yes Yes Yes Yes Yes The plan's	ign- ed safe por hod o centage code prable IRS	No ADP test No Ave bend No No Opinion of table No	rage effit test N/A structions	