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.

0040

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual Rep	ort Identification Information							
For calendar plan year 2016	or fiscal plan year beginning 01/01/2	2016 and ending	12/31/2016					
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a	,					
	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 r	months)					
C Check box if filing under:	Form 5558	automatic extension	DFVC program	1				
	special extension (enter descri	• •						
Part II Basic Plan I	nformation—enter all requested in	formation						
1a Name of plan MALIN & GOETZ, INC. PROF	IT SHARING PLAN		1b Three-digit plan number	er 001				
			(PN) 1C Effective da					
				01/01/2008				
Mailing address (include	mployer, if for a single-employer plan) room, apt., suite no. and street, or P.C	,		lentification Number 14-1851399				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MALIN & GOETZ, INC.				2c Sponsor's telephone number 212-244-7771				
			2d Business co	ode (see instructions)				
210 W. 29TH STREET, 3RD F NEW YORK, NY 10001	LOOR			541990				
3a Plan administrator's nam	ne and address X Same as Plan Spor	nsor.	3b Administrate	or's EIN				
			3c Administrat	or's telephone number				
	of the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN					
a Sponsor's name	<u> </u>		4c PN					
5a Total number of particip	ants at the beginning of the plan year		5a	31				
b Total number of particip	ants at the end of the plan year		5b	30				
		the plan year (only defined contribution plans	5c	30				
d(1) Total number of activ	e participants at the beginning of the pl	lan year	5d(1)	2				
d(2) Total number of activ	e participants at the end of the plan ye	ar	5d(2)	2				
than 100% vested	. , ,	e plan year with accrued benefits that were less	5e					
		n/report will be assessed unless reasonable ca						
Under penalties of perjury an	nd other penalties set forth in the instru	ctions, I declare that I have examined this return/r	eport, including, if a	pplicable, a Schedule				

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

Dellet, it is t	ide, correct, and complete.							
CICIT	Filed with authorized/valid electronic signature.	06/21/2017	ANDREW GOETZ					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor						
Preparer's	name (including firm name, if applicable) and address (include i	Preparer's telephone number						

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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)?	6a Were all of the plan's assets during the plan year investor	ed in eligible assets?	(See instructions.)						X Yes	No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	under 29 CFR 2520.104-46? (See instructions on waive	r eligibility and condition	ons.)						X Yes	☐ No
7 Plan Assets and Liabilities									Not deter	rmined
a Total plan assets	Part III Financial Information						•		<u> </u>	
a Total plan assets	7 Plan Assets and Liabilities		(a) Beginning o	of Year			((b) End	of Year	
8 Income, Expenses, and Transfers for this Plan Year C Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a								
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (4) Employers (5) Participants. (6) Participants. (7) Employers (8) Other (including rollovers). (8) Other (including rollovers). (8) Other (including rollovers). (8) Other (including direct rollovers). (8) Other (including direct rollovers and insurance premiums to provide benefits). (8) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) (8) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) (8) C Everian deemed and/or corrective distributions (see instructions). (9) Other expenses and or corrective distributions (see instructions). (9) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (7) Other expenses. (8) Other expenses. (9) Other expenses. (9) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (8) Other expenses. (8) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other plan (see instructions). (2) Other plan (see instructions). (3) Other plan (see instructions). (4) Other plan (see instructions). (5) Other plan (see instructions). (6) Other plan (see instructions). (7) Other plan (see instructions). (8) Other plan (see instructions). (1) Other plan	b Total plan liabilities	7b		0)					
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including collovers). (3) Others (including collovers). (4) Ba(2) 0 (5) Other income (loss). (6) Other income (loss). (7) Other income (loss). (8) Other expenses. (9) Other expenses. (10) Other expenses. (11) Other expenses. (12) Other expenses. (13) Other expenses. (14) Other expenses. (15) Other expenses. (15) Other expenses. (16) Other expenses. (17) Other expenses. (18) Other expenses. (18	C Net plan assets (subtract line 7b from line 7a)	7с	(664124					816298	
(2) Participants. (3) Others (including rollowers). (3) Others (including rollowers). (4) Participants. (5) Others (including rollowers). (6) Other income (loss). (7) Otal income (loss). (8) Other loss and including direct rollowers and insurance premiums to provide benefits). (9) Other expenses and office of the insurances premiums to provide benefits). (9) Other expenses. (9) Other expenses. (9) Other expenses. (10) Other expense	8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t		(b) Total				
(2) Participants				152730						
(3) Others (including rollovers)										
b Other income (loss)		· · · · ·			_					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)										
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	, ,			00000					101127	
e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions). g Other expenses									191121	
f Administrative service providers (salaries, fees, commissions)				36443						
Solution	e Certain deemed and/or corrective distributions (see instr	uctions). 8e		0)					
Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commiss	sions) 8f		2460						
Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g		50						
Transfers to (from) the plan (see instructions)	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							38953	
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: Description During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V	i Net income (loss) (subtract line 8h from line 8c)	8i				152174				
Part IV Plan Characteristics	j Transfers to (from) the plan (see instructions)			C)					
Figure 1 Part V Compliance Questions	Part IV Plan Characteristics	1 7								
Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond?	9a If the plan provides pension benefits, enter the applicab	le pension feature cod	des from the List of Pla	an Cha	racteri	stic Co	odes in	the instr	uctions:	
During the plan year: Yes No N/A Amount	b If the plan provides welfare benefits, enter the applicable	e welfare feature code	es from the List of Plar	n Chara	acteris	tic Coc	des in t	he instru	ctions:	
a 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	Part V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10 During the plan year:				Yes	No	N/A		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	described in 29 CFR 2510.3-102? (See instructions ar	nd DOL's Voluntary Fi	duciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b Were there any nonexempt transactions with any party	-in-interest? (Do not in	nclude transactions			X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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.) • Has the plan failed to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	C Was the plan covered by a fidelity bond?			100	X					90000
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.) 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 2520.101-3.) I If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d Did the plan have a loss, whether or not reimbursed by	the plan's fidelity bor	nd, that was caused			X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	Were any fees or commissions paid to any brokers, agreement, insurance service, or other organization that pro	ents, or other persons ovides some or all of t	s by an insurance the benefits under			X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	•			10f		X				
2520.101-3.)	g Did the plan have any participant loans? (If "Yes," enter	r amount as of year-e	nd.)		X					1974
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the				10h		X				
	i If 10h was answered "Yes," check the box if you either	provided the required	notice or one of the	10i						

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Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No	
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d				
		ne 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	s X N	lo	
	If "Y€	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	Trust's E	EIN		
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP	
				"Curre	ent year test	<u>"</u>	N/A		
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A	
	for the	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No		

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Form 5500-SF | Short Form Annua

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

2016

This Form is Open to Public Inspection

Part I	Annual Report	Identification Inform	nation								
		scal plan year beginning 0			and ending 12/3	31/2016					
		X a single-employer pla			an (not multiemployer)	(Filers checking t					
A This ret	urn/report is for:	a one-participant plar		a foreign plan	nployer information in a	ccordance with tr	e form instructions.)				
B This retu	urn/report is	the first return/report	브	he final return/report							
	an amended return/report a short plan year return/report (less than 12 months)										
C Check b	oox if filing under:	Form 5558		automatic extension		DFVC progra	nm				
D 4 II		special extension (en		,							
Part II	I	rmation—enter all requ	ested informa	ation		T 41					
1a Name MALIN & GC	of plan DETZ, INC. PROFIT S	HARING PLAN				1b Three-dig plan numl (PN) ▶					
						1c Effective of 01/01/200					
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)						(EIN) 14-1					
Malin & Goet		o, oddriny, drid Zii Oriore	ngii pootai oo	do (ii foroign, see inst	ruotionoj		s telephone number (212) 244-7771				
210 W. 29th Street, 3rd Floor						2d Business 541990	code (see instructions)				
New York, N											
3a Plan ad	dministrator's name ar	nd address 🛛 Same as F	lan Sponsor.			3b Administra	ator's EIN				
						30 Administra	atar'a talanhana numbar				
						3c Administrator's telephone number					
4 If the r	name and/or FIN of the	e plan sponsor has change	ad since the la	ast return/report filed f	or this plan, enter the	4b EIN					
name,	, EIN, and the plan nur	nber from the last return/r		ade return report med i	or this plan, office the						
a Sponso	or's name					4c PN					
5a Total r	number of participants	at the beginning of the pla	an year			. 5a	31				
		at the end of the plan year				. 5b	30				
		account balances as of the				. 5c	30				
d(1) Tota	al number of active pa	rticipants at the beginning	of the plan ye	ear		5d(1)	29				
` '	•	rticipants at the end of the				5d(2)	25				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						. 5e	7				
		or incomplete filing of th									
SB or Sche	alties of perjury and otledule MB completed and responsible to the complete of	ner penalties set forth in the nd signed by an enrolled a plete.	ne instructions actuary, as we	ell as the electronic ve	examined this return/re rsion of this return/repor	eport, including, if rt, and to the bes	applicable, a Schedule t of my knowledge and				
SIGN	andrew Goet	ኃ		6/20/2017	ANDREW GOETZ						
HERE (—Signaature⊛ofaptan a	dministrator		Date	Enter name of individ	dual signing as pla	an administrator				
SIGN HERE											
	Signature of emplo			Date			nployer or plan sponsor				
Preparer's	name (including firm n	ame, if applicable) and ac	ldress (includ	e room or suite numb	er)	Preparer's tele	phone number				

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	Were all of the plan's assets during the plan year invested in eligib								X Yes	s 📗 No
b	Are you claiming a waiver of the annual examination and report of				,	,			X Yes	s 🗌 No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cann								<u> </u>	, INO
c	If the plan is a defined benefit plan, is it covered under the PBGC in					_		_	☐ Not det	orminad
	<u> </u>	isurance	Diograffi (See ERISA Se	ection 4	021)?		168	Пио	Not det	emineu
Pa	rt III Financial Information		1		1					
	Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
<u>a</u>	Total plan assets	7a		66412	24				8162	98
<u>b</u>	Total plan liabilities	7b			0					
С	Net plan assets (subtract line 7b from line 7a)	7c		66412	24				8162	98
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) To	otal	
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		15273	_					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		3838	38					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1911	27
d	Benefits paid (including direct rollovers and insurance premiums			004						
	to provide benefits)	8d		36443						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		246	50					
g	Other expenses	8g		5	50					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		38953						
i	Net income (loss) (subtract line 8h from line 8c)	8i				152174				
j	Transfers to (from) the plan (see instructions)	8j			0					
Pa	rt IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Coc	les in t	he instru	ctions:	
-										
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribu	itions with	in the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	•	•	40-		Х				
	Program)			10a						
N	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
С				10c	Х					90000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	and, that was caused			Х				
	by fraud or dishonesty?			10d		^				
е	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.)			10e		X				
f	Has the plan failed to provide any benefit when due under the pla			10f		Х				
				10g	Х					1974
	If this is an individual account plan, was there a blackout period?			iug						107-
• •	2520.101-3.)	•		10h		Х				
ī	If 10h was answered "Yes," check the box if you either provided the				1	<u> </u>				
	exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance							
11	11 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	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	ERIS	is a defined contribution plan subject to the minimum funding requirements of section 412 of the CSA?				; 	🛮 🗘	es X No	
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	-44!		4 4	ll . 4 .	-6411-44-		
	gran	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ting the waiver.	Month _	ns, and	enter t Day		of the lette Year _	r ruling	
<u> </u>	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	П					
b	Enter	the minimum required contribution for this plan year			12b				
		the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)			12d				
е	Will 1	he 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	s X N	0	
		es," enter the amount of any plan assets that reverted to the employer this year			13a		<u> </u>		
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brourol of the PBGC?					Yes X	No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden hassets or liabilities were transferred. (See instructions.)	tify the p	olan(s)	to				
	13c(1)	Name of plan(s):		13c(2)	EIN(s)) PN(s)			
Part	VIII	Trust Information							
		of trust			14h -	Frust's E	=INI		
170	INAIIIE	or trust			140	1143131	-111		
14c	Name	of trustee or custodian					s or custod ne number	an's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: "Current year"						L	Tipe from year test N/A	ear" ADP	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					io Average N/A				
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a		plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		n letter	or advi	sory let	ter, enter th	e date of	
17b	If the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	enter the	date o	of the m	nost rec	ent determi	nation	
18		ed Benefit Plan or Money Purchase Pension Plan Only:		from	Ye	s	No		
		any distributions made during the plan year to an employee who attained age 62 and had not sepse?							