Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information	1						
For calend	dar plan year 2018 or t	fiscal plan year beginning 01/01/	2018	and ending 12	2/31/2018				
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 one-participant plan	a foreign plan	,					
B This ret	turn/report is								
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progr	am			
		special extension (enter desc	, ,						
Part II	Basic Plan Info	ormation—enter all requested in	nformation		T	1			
1a Name MALIN & GO	of plan OETZ, INC. PROFIT \$	SHARING PLAN			1b Three-dig plan num (PN) ▶				
					1c Effective	date of plan 01/01/2008			
		oyer, if for a single-employer plan)	O. P)			Identification Number			
		om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos		structions)	(EIN) 14-1851399				
MALIN & GO	•	, ,,	, ,	,		s telephone number 12-244-7771			
					2d Business	code (see instructions)			
210 W. 29TH NEW YORK	H STREET, 3RD FLO NY 10001	OR				541990			
	,								
3a Plan a	administrator's name a	and address X Same as Plan Spo	onsor.		3b Administr	rator's EIN			
					3c Administr	rator's telephone number			
					7 tallillott	ator o torophono nambor			
4 If the	name and/or FINI of th	as also spensor or the also nome b	and abanged since the least	t ratium/rapart filed for	4b EIN				
this p	lan, enter the plan sp	ne plan sponsor or the plan name honsor's name, EIN, the plan name							
•	sor's name				4d PN				
C Plan N	Name								
5a Total	number of participant	s at the beginning of the plan year			. 5a				
		s at the end of the plan year			5b	0			
		account balances as of the end o			5c	0			
d(1) To	tal number of active pa	articipants at the beginning of the p	olan year		5d(1)				
		articipants at the end of the plan ye			5d(2)	0			
than	100% vested	o terminated employment during th			5e 0				
Caution:	A penalty for the late	or incomplete filing of this retu	n/report will be assesse	d unless reasonable car					
SB or Sch	edule MB completed a true, correct, and con	other penalties set forth in the instru and signed by an enrolled actuary,	as well as the electronic v	version of this return/reversion of this return/repor	port, including, i t, and to the bes	f applicable, a Schedule st of my knowledge and			
SIGN		d/valid electronic signature.	06/24/2019	ANDREW GOETZ					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as p	al signing as plan administrator			
SIGN	1				<u> </u>				
HERE	Signature of empl	over/plan sponsor	idual signing as employer or plan sponsor						

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No	
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.)								No	
	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	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes N	o Not determin	ned	
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) E	nd of Year		
а	Total plan assets	7a	111	16543				0		
	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	111	16543		0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(k	o) Total		
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b		15320						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-15320		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	110	01223						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1101223				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-1116543		
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the i	nstructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	les in the in	structions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b		? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			90000		
d	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				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X				
f	f Has the plan failed to provide any benefit when due under the plan?					X			_	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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			10i						

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Part	VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)										
11a	11a Enter the unpaid minimum required contributions 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 ERISA?		f	Yes X No						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver	nd enter t Day		of the letter ruling Year						
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year	12b								
С	Enter the amount contributed by the employer to the plan for this plan year	12c								
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		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?		X Yes	S No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	e 		X Yes No						
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)	s) to								
13c(1) Name of plan(s): 13c(2) E				13c(3) PN(s)						

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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).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to

Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the instr	, uctions to the Form 5500	-SF	Public Inspection				
Part I	Annual Repor	t Identification Information	accordance with the moti		<u></u>					
		fiscal plan year beginning 01/01/201	8	and ending 12/31/2	018					
A This return/report is for: X a single-employer plan						=				
B This retu	urn/report is									
	a,	the first return/report	x the final return/report	n/report (less than 12 montl						
		an amended return/report								
C Check I	box if filing under:		DFVC program							
D 4 !!		special extension (enter descr								
Part II		ormation—enter all requested in	formation	14	h T	1!!4				
1a Name	of plan DETZ, INC. PROFIT :	SHADING DI AN		1.	b Thre	e-digit number				
MALIN & GC	JETZ, INC. PROPIT	SHARING FLAN			(PN) ▶ 001					
				1	1c Effective date of plan 01/01/2008					
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				loyer Identification Number) 14-1851399				
City or Malin & Goe		ice, country, and ZIP or foreign post	al code (if foreign, see instr	uctions)	2c Sponsor's telephone number (212) 244-7771					
				2	2d Business code (see instructions) 541990					
210 W. 29th	Street, 3rd Floor				3413	90				
New York, N	IY 10001									
3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN					
				30	3c Administrator's telephone number					
					, turning ator a telepriorie flamber					
4 If the r	name and/or FIN of th	ne plan sponsor or the plan name ha	as shanged since the last r	oturn/report filed for	b EIN					
		onsor's name, EIN, the plan name a			46 EIIV					
a Spons	or's name			4	4d PN					
C Plan N	lame									
5a Total r	number of participant	s at the beginning of the plan year			5a	39				
		s at the end of the plan year			5b	0				
C Numb	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	0				
d(1) Tota	al number of active p	articipants at the beginning of the pl	an year	5	id(1)	31				
d(2) Tota	al number of active p	articipants at the end of the plan yea	ar	5	id(2)	0				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cause						
SB or Sche	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.									
SIGN	andrew Goe	1	6/24/2019	ANDREW GOETZ						
HERE	Signature of plan	·	Date	Enter name of individual	signing	as plan administrator				
SIGN										
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individual	signing	as employer or plan sponsor				
				-						

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								No	
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							V v. [٦ ٨	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							. X Yes	No	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								nined	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No									
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instr									ions.)	
Pa	rt III Financial Information									
		_	(a) Beginning (111654			(D) EII	d of Year 0		
	Total plan assets	7a		111004	+3			0		
	Total plan liabilities	7b								
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		111654	13	0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	(b) Total		
а	Contributions received or receivable from:	0-(4)			0					
	(1) Employers	8a(1)			_					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
<u>b</u>	Other income (loss)	8b		-1532	20					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-15320		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		110122	23					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1101223		
ī	Net income (loss) (subtract line 8h from line 8c)							-1116543		
÷	Transfers to (from) the plan (see instructions)	8j	0							
, D-		oj .			0					
	t IV Plan Characteristics	ft	alaa fiiraiin tha Liat of Di	Ch -		-ti- C-				
9a —-	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	les in the ins	tructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period					Amount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest					, ,				
	reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х				90000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Х				
е	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.)					х				
f	f Has the plan failed to provide any benefit when due under the plan?					Χ				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Х				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						

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Part	VI	Pension Funding Compliance				
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)			Yes	X No
11a		er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio SA?		f 	Yes	X No
	(If	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and nting the waiver	d enter t Day		of the letter rulir Year	ng
lf :	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
		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 left of a ative amount)	12d			
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?		X Yes	No	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year	13a			0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					X Yes No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ch assets or liabilities were transferred. (See instructions.)) to			
13c(1) Name of plan(s): 13c(2)					13c(3) PN((s)