Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

belief, it is true, correct, and complete.

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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pa	art I	Annual Report	t Identification Information							
For	calendar p	olan year 2015 or f	iscal plan year beginning 01/01/2	2015 and ending 1:	2/31/2015					
A 7	This return/report is for: a single-employer plan a multiple-employer plan (not multiemploy list of participating employer information in a foreign plan					, , <u> </u>				
Вт	his return/	report is	months)							
C		if filing under:	Form 5558 automatic extension DFVC program special extension (enter description)							
Pa	rt II E	Basic Plan Info	ormation—enter all requested in	formation						
	Name of p LEN, INC.	olan 401(K) PROFIT S	HARING PLAN		1b Three-d plan nur (PN)	mber				
					01/01/1994					
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)					2b Employer Identification Number (EIN) 52-1645934					
CULLEN, INC						2c Sponsor's telephone number 212-575-1178				
231 WEST 39TH STREET 10TH FLOOR NEW YORK, NY 10018					2d Business code (see instructions) 423990					
3a Plan administrator's name and address Same as Plan Sponsor.				3b Administrator's EIN						
					3c Adminis	strator's telephone number				
4		e name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the ne, EIN, and the plan number from the last return/report.		4b EIN						
a	Sponsor's name				4c PN					
5a	Total nun	nber of participant	s at the beginning of the plan year		5a	12				
b	Total nun	nber of participants	of participants at the end of the plan year		5b	13				
С	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					12				
d(1) Total n	number of active pa	5d(1)							
d(2) Total r	number of active pa	5d(2)	10						
е	Number than 100	of participants tha)% vested	5e	0						
				n/report will be assessed unless reasonable car						
	•		•	ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor		• •				

SIGN Filed with authorized/valid electronic signature. 02/11/2016 **BARRY PFEIFER HERE** Signature of plan administrator Enter name of individual signing as plan administrator Date Filed with authorized/valid electronic signature. 02/11/2016 **BARRY PFEIFER 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

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 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 a 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 cann 	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)				
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 determined		
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year		
a Total plan assets	7a		1514	995			1584322		
b Total plan liabilities	7b		1511	005			4504222		
Net plan assets (subtract line 7b from line 7a) Income. Expenses. and Transfers for this Plan Year	7c	(a) A man	1514995			1584322			
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total		
(1) Employers	8a(1)			0					
(2) Participants	8a(2)		75	232					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b			945					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						76177		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
e Certain deemed and/or corrective distributions (see instructions)	8e		6850						
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						6850		
i Net income (loss) (subtract line 8h from line 8c)	8i						69327		
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 2T 3D	feature cod	des from the List of PI	an Cha	racteris	stic Co	des in th	e instructions:		
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructions:		
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A	Amount		
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	X			100000		
					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.)	ne or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the plan			10e		X				
		10g		X					
h If this is an individual account plan, was there a blackout period?	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				X				
i If 10h was answered "Yes," check the box if you either provided the	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									
Part VI Pension Funding Compliance			10j	<u> </u>]				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding							RISA? Yes X N		

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
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	trol 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	13c(3) PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		. Yes No					
15b	15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method			
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))?	Ye	S	No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	Ratio Averag benefit			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 plan been timely amended for all required tax law changes?						No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	plicable	code	(See ins	tructions			
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter/ and the letter's serial number									
17d	17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/								
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	Nere in-service distributions made during the plan year?			s	No			
	If "Yes	f "Yes," enter amount							
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			