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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Informatior	1						
For calend	ar plan year 2015 or fi	iscal plan year beginning 01/01/	2015	and ending 1:	2/31/2015				
A This ref	turn/report is for:	a single-employer plan a one-participant 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 foreign plan						
B This reto	urn/report is	the first return/report an amended return/report	the final return/report						
C Check	box if filing under:	Form 5558	automatic extension DFVC program						
-		special extension (enter desc	· /						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name of plan E R ALGER AND COMPANY L L C 401 K PROFIT SHARING PLAN TRUST					1b Three-digit plan numb (PN) ▶				
			1c Effective date of plan 01/01/2006						
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		tructions)	2b Employer Identification Number (EIN) 30-0165693				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) E R ALGER AND COMPANY L L C						telephone number 01-333-0300			
PO BOX 7179 CUMBERLAND, RI 02864-0893					2d Business code (see instructions) 541211				
3a Plan administrator's name and address Same as Plan Sponsor.				3b Administrator's EIN					
					3c Administra	tor's telephone number			
name	, EIN, and the plan nu	e plan sponsor has changed since imber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
a Spons	or's name				4c PN				
5a Total	number of participants	s at the beginning of the plan year.				6			
b Total number of participants at the end of the plan year					5b	6			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)				•	5c	6			
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	6			
d(2) Total number of active participants at the end of the plan year					5d(2)	6			
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0			
		or incomplete filing of this retur							
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.							
SIGN	Filed with authorized	/valid electronic signature.	07/14/2016	EDGAR R. ALGER III					
HERE	Signature of plan a	administrator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of emplo		Date			ployer or plan sponsor			
Preparer's	name (including firm i	name, if applicable) and address (i	nciuae room or suite numb	per)	Preparer's telep	none number			

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b A	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					X Yes [] No					
	the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ction 4	021)?		Yes	No	X N	lot dete	rmined
Part	III Financial Information	1	1			-					
	Plan Assets and Liabilities		(a) Beginning			-		(b) E	nd of		
	otal plan assets	7a		1279						9969	
-	otal plan liabilities	7b		1270059			996911				0
	let plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	7c	(a) Amai	1279958			(b) Total				711
	Contributions received or receivable from:		(a) Amou	ınt				<u> (r</u>) 10ta	aı	
	1) Employers	8a(1)		46641							
(2) Participants	8a(2)		79507							
	3) Others (including rollovers)	8a(3)			0						
	Other income (loss)	8b		9	9531						
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								1350	379
	Benefits paid (including direct rollovers and insurance premiums or provide benefits)	. 8d		418661							
e (Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f <i>A</i>	administrative service providers (salaries, fees, commissions)	8f			65						
g	Other expenses	. 8g			0						
<u>h</u> T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						418726			
	let income (loss) (subtract line 8h from line 8c)	. 8i						-283047			
_ J T	ransfers to (from) the plan (see instructions)	8j			0						
Part		_									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in t	he ins	ructio	ns:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Coc	les in th	e instr	uction	ns:	
Part	V Compliance Questions				1	1	1	1			
10	During the plan year:				Yes	No	N/A		A	mount	
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					.,					
	reported on line 10a.)			10b		X					
с	Was the plan covered by a fidelity bond?			10c	X						127996
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonasty?			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					X					
	the plan? (See instructions.)			10e 10f							
	Has the plan failed to provide any benefit when due under the plan?					X					
				10g		X					
n	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X					
i				10i							
j	Did the plan trust incur unrelated business taxable income?			10i							
Part '	VI Pension Funding Compliance			,	1		<u>I</u>				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	s X No
	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·				302 of E	RISA	·	Yes	s X No

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	_ `	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	ntrol 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)			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		"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)?	Design- based safe ADP/ACP harbor test method						
15c	C If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					Yes No			
16a	6a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					Ratio Average benefit			
16b	16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instruction for tax law changes and codes).							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 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	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?				5	No			
19	Were in-service distributions made during the plan year?				s	No			
	If "Yes," enter amount								
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?					No	N/A		