Form 5500-SF	Short Form Annu	•	-	oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Pla		etirement	2015
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation Part I Annual Report			nstructions to the Form 55	500-SF.	
For calendar plan year 2015 or f	E Identification Information iscal plan year beginning 12/28/		and ending 12	2/10/2016	
A This return/report is for:	X a single-employer plan		er plan (not multiemployer) employer information in ac	•	0
<b>B</b> This return/report is	the first return/report	$\times$ the final return/report $\times$ a short plan year re	ort sturn/report (less than 12 m	onths)	
<b>C</b> Check box if filing under:	X Form 5558 Special extension (enter desc	automatic extension	on		/C program
Part II Basic Plan Info	<b>Drmation</b> —enter all requested in	1 ,			
1a Name of plan RICHARD GALLEN & CO INC PE		iomaton		1b Three-di plan nur (PN) ▶ 1c Effective	nber 002
					12/28/1982
Mailing address (include roc	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.( ce, country, and ZIP or foreign pos		nstructions)	(EIN)	er Identification Number 13-2937137
RICHARD GALLEN & CO INC					r's telephone number 212-653-1019
260 FIFTH AVENUE NEW YORK, NY 10001				2d Busines	s code (see instructions)
22 Dian administratoria nome a	nd address 🏾 Same as Plan Spon			<b>3b</b> Administ	
					trator's telephone number
4 If the name and/or EIN of th	e plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN	
	mber from the last return/report.			<b>4c</b> PN	
5a Total number of participants	s at the beginning of the plan year.			5a	1
	s at the end of the plan year			5b	0
• •	account balances as of the end of		•	5c	
d(1) Total number of active pa	articipants at the beginning of the p	lan year		5d(1)	1
• •	articipants at the end of the plan ye			5d(2)	0
than 100% vested	t terminated employment during the			5e	0
Under penalties of perjury and or	or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, inlete	ctions, I declare that I have	ave examined this return/rep	port, including,	if applicable, a Schedule
	/valid electronic signature.	09/06/2017	JONATHAN GALLEN		
HERE Signature of plan		Date	Enter name of individe	ual signing as p	olan administrator
SIGN HERE Signature of emplo	over/plan sponsor	Date	Enter name of individu	ual signing as 4	employer or plan sponsor
	name, if applicable) and address (i				ephone number
For Paperwork Reduction Act Noti	ce and OMB Control Numbers, see th	ne instructions for Form 5	500-SF.		Form 5500-SF (2015)

	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								X Yes	No
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condi	tions.)						X Yes	No
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in						-		Not determ	inod
	rt III Financial Information			CIION 4	021):		163		Not determ	lineu
<u>га</u> 7	Plan Assets and Liabilities		(a) Reginning					(b) End	of Voor	
<u>′</u>	Total plan assets	7a	(a) Beginning		ar 1851			(b) End		0
<u> </u>	Total plan liabilities	7a 7b			802	_				0
-	Net plan assets (subtract line 7b from line 7a)	70 70			049					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou					(b) T	otal	-
-	Contributions received or receivable from:							(0) 1		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b			199					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_			-19	9
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		g	850					
g	Other expenses	8g				_				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_			985	0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i				_			-1004	.9
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $1A = 3D$									
B	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Coc	les in th	ie instructi	ions:	
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 described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	-iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
с				10c	х				F	500000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	ond, that was caused	100	~	X				00000
e	by fraud or dishonesty?	ner persor ne or all of	ns by an insurance the benefits under			X				
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e 10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10q		Х				
h		(See instr	uctions and 29 CFR	10g						
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	d notice or one of the	10ii							
j	Did the plan trust incur unrelated business taxable income?			10j						
Par	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								X Yes	No

11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	302 of E	RISA?

0

No

Yes

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					Т		
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter r Year	uling
lf	you c	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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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 Ye	es No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou			-		0
D		e PBGC?			. 1	X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I			
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part		Trust Information					
				116	Trusťs E		
144	Name	e of trust		140		IIN	
14c	Nam	e of trustee or custodian		14d		's or custoc ne number	lian's
Par	t IX	IRS Compliance Questions		1			
15a	Is th	e plan a 401(k) plan?		Y	es	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- ased safe arbor nethod	P/ACP st	
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es	No	
16a	Chec	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	Ratio ercentag est		verage enefit test
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No	
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///	•				structions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinior	n or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last fa	avorable	
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	es	No	
19	Were	in-service distributions made during the plan year?		Y	es	No	
	lf "Ye	es," enter amount		19			
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A

SC	HEDULE SB	Single-Emplo	oyer Define	d Ber	nefit Plan	_	OMB	8 No. 1210-0110
(	Form 5500)		arial Inform					2015
	partment of the Treasury ternal Revenue Service	<b>_</b>						2013
	Department of Labor Benefits Security Administration	This schedule is required Retirement Income Securi Interna		SA) and s				n is Open to Public nspection
Pension	Benefit Guaranty Corporation	File as an at	ttachment to Form	5500 or	5500-SF.		•	nspection
For calenda	ar plan year 2015 or fiscal p	lan year beginning 12/28/	/2015		and end	ing 12/1	0/2016	
	off amounts to nearest do							
-		e assessed for late filing of this	s report unless reas	onable ca		ed.		
A Name of RICHARD	GALLEN & CO INC PENSI	ION TRUST			B Three-di plan nun	git nber (PN)	•	002
	onsor's name as shown on li GALLEN & CO INC	ine 2a of Form 5500 or 5500-S	F		<b>D</b> Employer	Identificat 13-2937	ion Number ( 7137	EIN)
E Type of p	olan: 🗙 Single 🗌 Multipl	e-A Multiple-B	F Prior year pla	an size: 🔉	100 or fewer	101-5	00 More 1	than 500
Part I	Basic Information							
	the valuation date:	Month <u>12</u> Day _	28 Year	2015				
2 Assets					_			
<b>a</b> Mar	ket value					2a		10049
<b>b</b> Actu	uarial value					2b		10049
<b>3</b> Fundi	ng target/participant count b	oreakdown		· · ·	Number of rticipants	,	ted Funding arget	(3) Total Funding Target
<b>a</b> For	retired participants and ber	neficiaries receiving payment			0		(	0 0
<b>b</b> For	terminated vested participa	ants			0		(	0
<b>C</b> For	active participants				1		(	0 0
<b>d</b> Tota	al				1		(	0 0
4 If the	plan is in at-risk status, che	ck the box and complete lines (	(a) and (b)					
<b>a</b> Fun	ding target disregarding pre	escribed at-risk assumptions				4a		
		assumptions, but disregarding five consecutive years and disr						
5 Effect	ive interest rate					5		0.00%
6 Targe	t normal cost					6		0
To the bes accordanc	by Enrolled Actuary at of my knowledge, the information s e with applicable law and regulations offer my best estimate of anticipal	upplied in this schedule and accompanyir s. In my opinion, each other assumption is ted experience under the plan.	ng schedules, statements s reasonable (taking into a	and attachm account the e	ients, if any, is comp experience of the plar	lete and accu	rate. Each prescrible expectations)	ibed assumption was applied in and such other assumptions, in
SIGN HERE							08/03/2	2017
		Signature of actuary					Date	
ELIZABETH	H J. CHURNEY	- ,					17-06	330
		or print name of actuary				Most re	ecent enrollm	
ASSOCIAT	ED PENSION CONSULTAI	NTS			_		530-34	3-4233
	EST AVENUE 95928-0000	Firm name			Т	elephone	number (inclu	uding area code)
		Address of the firm			_			
f the actuary nstructions	/ has not fully reflected any	regulation or ruling promulgate	d under the statute	in comple	eting this sched	ule, check	the box and	see
	ork Reduction Act Notice	and OMB Control Numbers, s	see the instructior	ns for Foi	rm 5500 or 550	0-SF.	Schedu	ıle SB (Form 5500) 2015 v. 150123

Pa	art II	Begir	nning of Year	Carryov	er and Prefunding B	alances							
							(a) (	Carryover balance		(b) F	Prefundi	ng balanc	е
7		0	0 1 7		cable adjustments (line 13				0				0
	, ,								0				0
8			•	•	unding requirement (line 35				0				0
9	Amour	nt remaini	ng (line 7 minus li	ne 8)					0				0
10	Interes	st on line s	9 using prior year'	s actual ret	urn of <u>0.01</u> %				0				0
11	Prior y	ear's exc	ess contributions t	o be addeo	d to prefunding balance:								
	<b>a</b> Pres	ent value	of excess contrib	utions (line	38a from prior year)								0
					Ba over line 38b from prior y ve interest rate of%.								0
	<b>b(2)</b> I	nterest or	n line 38b from pri	or year Scł	nedule SB, using prior year	s actual							-
													0
	_				ear to add to prefunding bala								0
	<b>d</b> Port	ion of (c)	to be added to pre	efunding ba	alance						0		
12	Other I	reduction	s in balances due	to elections	s or deemed elections				0				0
13	Balanc	e at begi	nning of current ye	ear (line 9 +	+ line 10 + line 11d – line 12	2)			0				0
Ρ	art III	Fun	ding Percent	ages						<u> </u>			
14	Fundin	ng target a	attainment percent	age							14	100.	<mark>00</mark> %
			g target attainmen		-						15	100.	<mark>00</mark> %
16	-		• • •		of determining whether ca	• •	-	•			16	100.	<mark>00</mark> %
17	If the c	current va	lue of the assets o	of the plan i	s less than 70 percent of th	e funding targ	jet, enter s	uch percentage			17		%
Р	art IV	Cor	tributions an	d Liquid	ity Shortfalls								
18	Contrik	outions m	ade to the plan fo	the plan year by employer(s) and employees:									
(1)	( <b>a)</b> Da /IM-DD-\		(b) Amount p employer					(0		nt paid by ovees			
		,	employer	(3)	employees		,	employer(	0)		empi	oyees	
			•			Totals ►	18(b)		0	) 18(c)			0
19	Discou	inted emp	loyer contribution	s – see insi	tructions for small plan with	a valuation d	ate after th	e beginning of the	e year:				
	a Con	tributions	allocated toward	unpaid min	imum required contribution	s from prior ye	ears	[	19a				0
	<b>b</b> Cont	tributions	made to avoid res	strictions ac	djusted to valuation date				19b				0
	C Con	tributions	allocated toward m	inimum req	uired contribution for current	year adjusted t	to valuation	date	19c				0
20	Quarte	erly contril	outions and liquidi	ty shortfalls	8:								
	a Did	the plan h	nave a "funding sh	ortfall" for t	he prior year?						[	Yes 🗙	No
	<b>b</b> If lin	e 20a is "	Yes," were require	ed quarterly	r installments for the currer	nt year made ii	n a timely i	manner?	······ <u>-</u>			Yes	No
	C If lin	e 20a is "	Yes," see instruct	ions and co	mplete the following table								
		(4) 4	ot		Liquidity shortfall as of e	end of quarter					(1) 1.1		
		(1) 1	SI		(2) 2nd		(3)	3rd			(4) 4th	1	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and 1	Targe	t Normal Cost				
21	Disco	ount rate:								
	<b>a</b> Se	egment rates:	1st segment: 4.72 %	2nd segment: 6.11 %		3rd segment: 6.81 %		N/A, full yi	eld curve	eused
	<b>b</b> Ap	plicable month (	enter code)				21b			0
22	Weig	hted average ret	tirement age				22			65
23		ality table(s) (se		escribed - combined		scribed - separate	Substitut	te		
Ра	rt VI	Miscellane	ous Items			-				
24	Has a	a change been m	nade in the non-prescribed act	•		•		• • •		
25									Yes	X No
25		-	e been made for the current pla						Yes	X No
26			provide a Schedule of Active				attacnment.		Yes	X No
27			o alternative funding rules, ent			0 0	27			
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	Im Required Contribution	utions	s For Prior Years				
28	Unpa	id minimum requ	uired contributions for all prior	years			28			0
29			contributions allocated toward				29			0
30	Rema	aining amount of	f unpaid minimum required cor		30			0		
Ра	rt VIII	I Minimum	<b>Required Contribution</b>							
31			nd excess assets (see instruct							
			(line 6)	,			31a			0
		-	oplicable, but not greater than				31b			0
32		tization installme				Outstanding Bala		Insta	llment	
			zation installment				0			0
	<b>b</b> Wa	aiver amortizatior	n installment				0			0
33	lf a w	aiver has been a	approved for this plan year, en	ter the date of the ruling lett	ter gran		33			
	(Mon		Day Year				• • •			0
34	Total	funding requirer	ment before reflecting carryove		s 31a -		34			0
				Carryover balance		Prefunding balar	ice	Total	balance	
35			use to offset funding							
36	Addit	ional cash requii	rement (line 34 minus line 35).				36			0
37			ed toward minimum required co		-		37			0
38	Prese	ent value of exce	ess contributions for current ye	ar (see instructions)						
			y, of line 37 over line 36)				38a			0
	-		line 38a attributable to use of				38b			0
39			uired contribution for current ye				39			0
40			uired contributions for all years				40			0
Ра	rt IX		Funding Relief Under F							
41	lf an e	election was mad	de to use PRA 2010 funding re	lief for this plan:	-					
	<b>a</b> Sch	nedule elected	-				П	2 plus 7 years	15 \	/ears
	<b>b</b> Elic	gible plan vear(s	) for which the election in line	41a was made						2011
42			n adjustment				42			
			celeration amount to be carrie				43			
				a stor to rataro piùri yours .						

	Form 5500-SF	Short Form Annual	Retur	n/Rep fit Pla	ort of	Small Employ	ee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	This form is required to be				d 4065 of the Employee		2	2015
Emp	Department of Labor ployee Benefits Security Administration	Retirement Income Security Ad	ct of 1974	(ERISA) venue Coo	, and see	ction 6057(b) and 6058(	(a) of		s Open to Public spection
F	ension Benefit Guaranty Corporation	► Complete all entries in acc	cordance	with the	instruct	ions to the Form 5500	)-SF.		
	calendar plan year 2015 or fisc	dentification Information	1	2/28/20	015	and ending	12/	10/2016	
or	ſ	x a single-employer plan				an (not multiemployer) (I			x must attach
	This return/report is for: This return/report is:	a one-participant plan the first return/report an amended return/report	a list a fore the fit	of particip eign plan nal return	oating en /report	nployer information in an n/report (less than 12 m	ccordan	ce with the for	m instructions)
C	Check box if filing under:	<b>x</b> Form 5558	autor	matic exte	ension		Π	DFVC progra	im
0		special extension (enter descri	ption)						
D	art II Basis Blan Infor	mation enter all requested in							
_	art II Basic Plan Infor Name of plan	Indion enter an requested in	monnatio					hree-digit	
	RICHARD GALLEN & CO	INC PENSION TRUST						lan number PN) ►	002
								ffective date of	
							10.000 A 200	2/28/1982	
2a	Mailing Address (include roor	/er, if for a single-employer plan) n, apt., suite no. and street or P.O a, country, and ZIP or foreign post	). Box) al code (i	if foreian.	see instr	uctions)		Employer Ident EIN) 13-29	ification Number 37137
	RICHARD GALLEN & CO			0.1				Sponsor's telep	
	260 FIFTH AVENUE						2d E	(212) 653- Business code 511130	(see instructions)
	200 FIFTH AVENUE							11100	
3a	US NEW YORK NY 10001 Plan administrator's name an	d address X Same as Plan Spo	onsor Nar	me			3b /	Administrator's	EIN
4		plan sponsor has changed since ber from the last return/report.	the last re	eturn/repo	ort filed fo	or this plan, enter the	4b E		telephone number
а	Sponsor's name	iber from the last return/report.					4c F	PN	
		at the beginning of the plan year					5a		1
b	· · · · · · · · · · · · · · · · · · ·	at the end of the plan year					5b		0
С		account balances as of the end of					5c		
d	<ol> <li>Total number of active part</li> </ol>	ticipants at the beginning of the pla	an year				5d(1	)	1
d		ticipants at the end of the plan yea					5d(2	2)	0
е		erminated employment during the					5e		0
US	nder penalties of perjury and ot B or Schedule MB completed a	or incomplete filing of this return ther penalties set forth in the instru- nd signed by an enrolled actuary,	uctions, I	declare th	at I have	e examined this return/r	eport, in	cluding, if app	licable, a Schedule ny knowledge and
b	elief, it is rue, correct, and com	plete.		-			6	- /	Sign and Date H
1253	SIGN Signature of plan adm	Jallen		>106	2017	JONATMAN Enter name of individu	G ALL		Sign and Date H
	SIGN Jaka	- Halle	0	906	2017	JONATHAN GAL	LEN		1
Courses of	HERE Signature of employer	r/plan sponsor	D	)ate		Enter name of individu	al signir	ng as employe	r or plan sponsor
P	reparer's name (including firm r	name, if applicable) and address; i	include rc	oom or su	ite numb	er	Prepa	rer's telephone	e number
F	or Paperwork Reduction Act	Notice and OMB Control Numbe	ers, see t	the instru	ctions f	or Form 5500-SF.			Form 5500-SF (2015 v.15012

Form	5500-SF	2015
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c

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X Yes No

Yes X No

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

**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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Pa	art III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Y	(ear				(b) End of Year				
а	Total plan assets	7a	10	,85	51			0				
b	Total plan liabilities	7b		80	)2			0				
С	Net plan assets (subtract line 7b from line 7a)	7c	10	,04	19			0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total				
а	Contributions received or receivable from:	0=(4)										
	(1) Employers											
	(2) Participants	8a(2)										
b	(3) Others (including rollovers) Other income (loss)		(	199								
<u>с</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			195	,,			(100)				
d	Benefits paid (including direct rollovers and insurance premiums	. 00						(199)				
<u> </u>	to provide benefits)	. 8d										
е	Certain deemed and/or corrective distributions (see instructions)	. 8e										
f	Administrative service providers (salaries, fees, commissions) .	8f	9	,85	50							
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						9,850				
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						(10,049)				
j	Transfers to (from) the plan (see instructions)	8j										
Pa	art IV Plan Characteristics											
	1A 3D         b         If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:											
	art V Compliance Questions											
10	During the plan year:				Yes	No	N/A	Amount				
а												
	described in 29 CFR 2510.3-102? (See instructions and DOL's \		· · · .			x						
b	<ul> <li>Program)</li> <li>Were there any nonexempt transactions with any party-in-interest</li> </ul>			0a		л						
	reported on line 10a.)	•		0b		х						
С	Was the plan covered by a fidelity bond?			0c	х			500,000				
C	Did the plan have a loss, whether or not reimbursed by the plan	s fidelity bor	nd, that was caused									
	by fraud or dishonesty?			0d		х						
e	• Were any fees or commissions paid to any brokers, agents, or o											
	carrier, insurance service, or other organization that provides so the plan? (See instructions.)			0e		x						
f				0f		x						
ç	Did the plan have any participant loans? (If "Yes," enter amount	as of vear e	nd.)	0g		x						
 h			,									
	2520.101-3.)	••••••		0h								
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			0i								
j	Did the plan trust incur unrelated business taxable income?	••••••		0j								
Ра	rt VI Pension Funding Compliance						•					
11		nents? (If ")	Yes," see instructions and co	lamc	ete S	chedu	ıle SB (	Form				
	5500) and line 11a below)											
44	<b>a</b> Enter the unpaid minimum required contribution for current year	from Sched	ule SB (Form 5500) line 40				11a	0				

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ...

SCHEDULE SB	Single-Employer	Defined Bei	nefit Plan	-	OM	B No. 1210-0110
(Form 5500)	Actuaria	I Information	า			2015
Department of the Treasury Internal Revenue Service			<b>-</b> .			2013
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be fi Retirement Income Security Act o Internal Rever			,  -	This For	n is Open to Public Inspection
	File as an attachme	· · · · · · · · · · · · · · · · · · ·			1	·····
For calendar plan year 2015 or fiscal pl Round off amounts to nearest do		/2015	and ending	<u>j</u> 12	/10/2016	
Caution: A penalty of \$1,000 will be		unless reasonable cau	ise is established			
A Name of plan			B Three-digi			T
RICHARD GALLEN & CO INC PE	NSION TRUST		plan numb	er (PN)	)	002
C Plan sponsor's name as shown on lin	ne 2a of Form 5500 or 5500-SF		D Employer Id	entificat	tion Number	(EIN)
RICHARD GALLEN & CO INC	· · · · · · · · · · · · · · · · · · ·			3-293		(2.1.4)
E Type of plan: X Single Multiple	e-A 🗌 Multiple-B 🛛 🖌 🖡	Prior year plan size:	100 or fewer	101-5	500 🗌 Moi	e than 500
Part I Basic Information						
1 Enter the valuation date:	Month <u>12</u> Day <u>28</u>	Year2015				
2 Assets:			1	· · · · ·		
				<u>2a</u>	<u> </u>	10,049
*			••••••	2b	<u> </u>	10,04
3 Funding target/participant count b	reakdown:	(1) Number of participants	(2) Vested Tar		ig .	(3) Total Funding Target
a For retired participants and ben	eficiaries receiving payment	0			0	
<b>b</b> For terminated vested participar	nts	0			0	(
		1			0	
d Total		1			0	(
	k the box and complete lines (a) and (					
	scribed at-risk assumptions		4	4a		· · ·
	assumptions, but disregarding transition ve consecutive years and disregarding	a landing frates	nave been in	4b		
5 Effective interest rate				5		0.00 %
6 Target normal cost				6		(
Statement by Enrolled Actuary To the best of my knowledge, the information supp accordance with applicable law and regulations. In combination, offer my best estimate of anticipated	my opinion, each other assumption is reasonable	, statements and attachment (taking into account the expe	s, if any, is complete an arience of the plan and i	nd accura reasonabl	te. Each presribe le expectations) a	d assumption was applied in and such other assumptions, in
SIGN HERE SUL		<b>6</b>			08/03/20	17
- /	ignature of actuary				Date	¢.
	JRNEY				17-06330	
Type ( ASSOCIATED PENS)	or print name of actuary		·			nent number
ABOOSTATED FEAG	Firm name		Tal		30) 343-4	
2035 FOREST AVEN			, 10	epnone	numper (INC	luding area code)
US CHICO	CA 95928-0000					
······	Address of the firm					
f the actuary has not fully reflected any i						

Page 2	
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Ра	rt II Be	ginning of Year Carryo	over and Prefunding Bal	ances	_						
					(a)	Carryover balance		(b)	Prefund	ing balance	
7			r after applicable adjustments (line 13 from pri		c		0	0 0			
8	<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year)					0			0		
9							0				0
10	-					0				0	
11	Prior year's	excess contributions to be add	led to prefunding balance:								
	a Present v	value of excess contributions (	ine 38a from prior year)								0
	• •	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>0.00</u> %							0		
			rior year Schedule SB, using prior year's actual								0
	<b>C</b> Total ava	ilable at beginning of current p	f current plan year to add to prefunding balance .								0
	d Portion of	f (c) to be added to prefunding	prefunding balance						0		
12	Other reduct	tions in balances due to election	to elections or deemed elections				0				0
13	<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)						0				0
Pa	rt III F	unding Percentages									
14	Funding targ	et attainment percentage			•••••	•••••	•••••	•••••	14	100.00	%
15	5 Adjusted funding target attainment percentage							•••••	15	100.00	%
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce								16		
17			n is less than 70 percent of the f						17	100.00	
				lunding ta	irgei, enter	such percentage	••••	•••••	17	0.00	70
		Contributions and Liqu									
18	(a) Date	s made to the plan for the plan (b) Amount paid by	year by employer(s) and emploid (c) Amount paid by	Ť	a) Date	(b) Amoun	t naid h	,	(c) Amc	ount paid by	
(MM-DD-YYYY)		employer(s)	employees	(MM-D	D-YYYY)	employ		, ,		loyees	
				Tatala	> 40(1)			4.0/-			
				Totals	. ,			0 18(c	)		0
19			nstructions for small plan with a			,	-	1			
a Contributions allocated toward unpaid minimum required contributions from prior years										0	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date							19b				0
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c											0
20		ntributions and liquidity shortfa									_
								Yes 🗶 No Yes 🗌 No			
C If line 20a is "Yes," see instructions and complete the following table as applicable:											
			Liquidity shortfall as of end of q								
	(1	) 1st	(2) 2nd		(3) 3rd			(4) 4th			
				1			1				

Page 3

Pa	nrt V	Assumptio	ons Used To Determine	e Funding Target and Targ	et Normal Cost					
21	1 Discount rate:									
	a Segment rates:		1st segment: <b>4.72</b> %	2nd segment:         3rd segment           6.11 %         6.81 %			N/A, full yield curve used			
	<b>b</b> Ar	<b>b</b> Applicable month (enter code)				21b	0			
22			tirement age	22	65					
23				scribed - separate	Substitu					
	rt VI Miscellaneous items									
24	4 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required									
25	attachment									
	<b>5</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment        Yes X       No <b>6</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment        Yes X       No									
				ter applicable code and see instruct		attachment				
21			-			27				
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years										
28			•	years		28	0			
29				d unpaid minimum required contrib						
	(line	19a) <b></b>	••••••			29	0			
30	Rema	aining amount o	f unpaid minimum required co	ntributions (line 28 minus line 29)		30	0			
Pa	rt VIII	Minimum	<b>Required Contribution</b>	For Current Year						
31	Targe	et normal cost a	nd excess assets (see instruct	ions):						
	<b>a</b> Tar	get normal cost	: (line 6)		31a	0				
	<b>b</b> Exc	cess assets, if a	pplicable, but not greater than	line 31a		31b	0			
32	Amortization installments: Outstanding Ba						Installment			
	a Net	t shortfall amorti	zation installment			0	0			
	<b>b</b> Wa	iver amortizatio	n installment			0	0			
33			approved for this plan year, er Day Year	33	0					
34				/prefunding balances (lines 31a - 3		34	0			
• ·	Total	ranang roquior	none boloro ronooting ourryovo	Carryover balance	Prefunding Bala		Total balance			
35	Polor	and cloated for	use to offset funding	,						
55										
36	Addit	ional cash requi	rement (line 34 minus line 35)	• • • • • • • • • • • • • • • •		36	0			
37	Conti	ibutions allocate	ed toward minimum required c	ontribution for current year adjuste	d to valuation date	37				
	(line 19c)									
38	Prese	ent value of exce	ess contributions for current ye	ear (see instructions)	I					
			· · · · · · · · · · · · · · · · · · ·			38a 38b	0			
	<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances						0			
39	<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						0			
40 Unpaid minimum required contributions for all years										
Part IX         Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)										
41 If an election was made to use PRA 2010 funding relief for this plan:										
<b>a</b> Schedule elected										
	<b>b</b> Eligible plan year(s) for which the election in line 41a was made									
	<b>42</b> Amount of acceleration adjustment									
43	Exces	s installment ac	celeration amount to be carried	d over to future plan years		43				