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| <b>Form 5500-SF</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Short Form Annual Return/Report of Small Employee Benefit Plan</b><br>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).<br><b>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|---|

|  |   |
|--|---|
| <b>Part I Annual Report Identification Information</b>                                     |   |
| For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014 |   |
| <b>A</b> This return/report is for:  | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)<br><input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan<br><br><b>B</b> This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)<br><br><b>C</b> Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program<br><input type="checkbox"/> special extension (enter description) |

|  |  |  |     |                                  |            |  |            |                                      |              |  |        |                               |   |  |  |
|--|--|--|-----|----------------------------------|------------|--|------------|--------------------------------------|--------------|--|--------|-------------------------------|---|--|--|
| <b>Part II Basic Plan Information</b> —enter all requested information   |  |  |     |                                  |            |  |            |                                      |              |  |        |                               |   |  |  |
| <b>1a</b> Name of plan<br>ERROL M. RUDMAN DEFINED BENEFIT PLAN AND TRUST<br><br><b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br>RUDMAN CAPITAL MANAGEMENT, LLC<br><br>712 5TH AVE FL 20<br>NEW YORK, NY 10019-4108  | <table border="1"> <tr> <td><b>1b</b> Three-digit plan number (PN) ▶</td> <td>001</td> </tr> <tr> <td><b>1c</b> Effective date of plan</td> <td>01/01/1984</td> </tr> <tr> <td><b>2b</b> Employer Identification Number (EIN)</td> <td>13-3412592</td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number</td> <td>212-521-5160</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> <td>523900</td> </tr> <tr> <td><b>3b</b> Administrator's EIN</td> <td></td> </tr> <tr> <td><b>3c</b> Administrator's telephone number</td> <td></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | 001 | <b>1c</b> Effective date of plan | 01/01/1984 | <b>2b</b> Employer Identification Number (EIN) | 13-3412592 | <b>2c</b> Sponsor's telephone number | 212-521-5160 | <b>2d</b> Business code (see instructions) | 523900 | <b>3b</b> Administrator's EIN |   | <b>3c</b> Administrator's telephone number |  |
| <b>1b</b> Three-digit plan number (PN) ▶   | 001  |  |     |                                  |            |  |            |                                      |              |  |        |                               |   |  |  |
| <b>1c</b> Effective date of plan   | 01/01/1984   |  |     |                                  |            |  |            |                                      |              |  |        |                               |   |  |  |
| <b>2b</b> Employer Identification Number (EIN)   | 13-3412592   |  |     |                                  |            |  |            |                                      |              |  |        |                               |   |  |  |
| <b>2c</b> Sponsor's telephone number   | 212-521-5160   |  |     |                                  |            |  |            |                                      |              |  |        |                               |   |  |  |
| <b>2d</b> Business code (see instructions)   | 523900   |  |     |                                  |            |  |            |                                      |              |  |        |                               |   |  |  |
| <b>3b</b> Administrator's EIN  |  |  |     |                                  |            |  |            |                                      |              |  |        |                               |   |  |  |
| <b>3c</b> Administrator's telephone number   |  |  |     |                                  |            |  |            |                                      |              |  |        |                               |   |  |  |
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.  |  |  |     |                                  |            |  |            |                                      |              |  |        |                               |   |  |  |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.<br><b>a</b> Sponsor's name   | <b>4b</b> EIN<br><br><b>4c</b> PN  |  |     |                                  |            |  |            |                                      |              |  |        |                               |   |  |  |
| <b>5a</b> Total number of participants at the beginning of the plan year .....   | <table border="1"> <tr> <td><b>5a</b></td> <td>12</td> </tr> <tr> <td><b>5b</b></td> <td>12</td> </tr> <tr> <td><b>5c</b></td> <td></td> </tr> <tr> <td><b>5d(1)</b></td> <td>2</td> </tr> <tr> <td><b>5d(2)</b></td> <td>2</td> </tr> <tr> <td><b>5e</b></td> <td>0</td> </tr> </table>   | <b>5a</b>                                | 12  | <b>5b</b>                        | 12         | <b>5c</b>                                      |            | <b>5d(1)</b>                         | 2            | <b>5d(2)</b>                               | 2      | <b>5e</b>                     | 0 |  |  |
| <b>5a</b>  | 12   |  |     |                                  |            |  |            |                                      |              |  |        |                               |   |  |  |
| <b>5b</b>  | 12   |  |     |                                  |            |  |            |                                      |              |  |        |                               |   |  |  |
| <b>5c</b>  |  |  |     |                                  |            |  |            |                                      |              |  |        |                               |   |  |  |
| <b>5d(1)</b>   | 2  |  |     |                                  |            |  |            |                                      |              |  |        |                               |   |  |  |
| <b>5d(2)</b>   | 2  |  |     |                                  |            |  |            |                                      |              |  |        |                               |   |  |  |
| <b>5e</b>  | 0  |  |     |                                  |            |  |            |                                      |              |  |        |                               |   |  |  |
| <b>b</b> Total number of participants at the end of the plan year.....<br><b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) .....<br><b>d(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>d(2)</b> Total number of active participants at the end of the plan year.....<br><b>e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... |  |  |     |                                  |            |  |            |                                      |              |  |        |                               |   |  |  |

|  |   |            |  |
|--|---|------------|--|
| <b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b>   |   |            |  |
| 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. |   |            |  |
| <b>SIGN HERE</b>   | Filed with authorized/valid electronic signature. | 10/07/2015 | ERROL RUDMAN   |
|  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>   | Filed with authorized/valid electronic signature. | 10/07/2015 | ERROL RUDMAN   |
|  | 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 ) (optional)  |   |            | Preparer's telephone number (optional)                       |
|  |   |            |  |

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No
- 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.) ..... ☒ 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.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined

**Part III Financial Information**

| 7 Plan Assets and Liabilities  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| <b>a</b> Total plan assets .....   | <b>7a</b>    | 1654945               | 2072446         |
| <b>b</b> Total plan liabilities .....  | <b>7b</b>    |                       |                 |
| <b>c</b> Net plan assets (subtract line 7b from line 7a) .....                                       | <b>7c</b>    | 1654945               | 2072446         |
| 8 Income, Expenses, and Transfers for this Plan Year   |              | (a) Amount            | (b) Total       |
| <b>a</b> Contributions received or receivable from:  |              |                       |                 |
| <b>(1)</b> Employers .....   | <b>8a(1)</b> | 0                     |                 |
| <b>(2)</b> Participants .....  | <b>8a(2)</b> | 0                     |                 |
| <b>(3)</b> Others (including rollovers) .....  | <b>8a(3)</b> | 0                     |                 |
| <b>b</b> Other income (loss) .....   | <b>8b</b>    | 514147                |                 |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  | <b>8c</b>    |                       | 514147          |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | <b>8d</b>    | 78396                 |                 |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions) ....                      | <b>8e</b>    |                       |                 |
| <b>f</b> Administrative service providers (salaries, fees, commissions) .....                        | <b>8f</b>    | 18248                 |                 |
| <b>g</b> Other expenses .....  | <b>8g</b>    | 2                     |                 |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....   | <b>8h</b>    |                       | 96646           |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c) .....                                     | <b>8i</b>    |                       | 417501          |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                       | <b>8j</b>    |                       |                 |

**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:  
1A 3B 1I
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

| 10 During the plan year:  |            | Yes | No | Amount |
|---|------------|-----|----|--------|
| <b>a</b> 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>10a</b> |     | X  |        |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....  | <b>10b</b> |     | X  |        |
| <b>c</b> Was the plan covered by a fidelity bond? .....   | <b>10c</b> | X   |    | 700000 |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....   | <b>10d</b> |     | X  |        |
| <b>e</b> 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.) ..... | <b>10e</b> |     | X  |        |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan? .....  | <b>10f</b> |     | X  |        |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....  | <b>10g</b> |     | X  |        |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....  | <b>10h</b> |     | X  |        |
| <b>i</b> 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 .....   | <b>10i</b> |     |    |        |

**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) ..... ☒ Yes ☐ No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 ..... **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? .. ☐ Yes ☒ No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
- 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. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

|   |  |  |
|---|--|--|
| <b>b</b> Enter the minimum required contribution for this plan year.....  | <b>12b</b>   |  |
| <b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>12c</b>   |  |
| <b>d</b> 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)..... | <b>12d</b>   |  |
| <b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline?.....  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |  |

**Part VII Plan Terminations and Transfers of Assets**

|  |   |   |
|--|---|---|
| <b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year .....  | <b>13a</b>  |   |
| <b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>c</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) |   |   |
| <b>13c(1)</b> Name of plan(s):   | <b>13c(2)</b> EIN(s)  | <b>13c(3)</b> PN(s)   |
|  |   |   |

**Part VIII Trust Information (optional)**

|                          |                        |
|--------------------------|------------------------|
| <b>14a</b> Name of trust | <b>14b</b> Trust's EIN |
|                          |                        |

|  |   |  |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div> |
|--|---|--|

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

Round off amounts to nearest dollar.  
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|   |  |
|---|--|
| <div>A Name of plan<br/>ERROL M. RUDMAN DEFINED BENEFIT PLAN AND TRUST</div>                                    | <div>B Three-digit plan number (PN) 001</div>                    |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br/>RUDMAN CAPITAL MANAGEMENT, LLC</div> | <div>D Employer Identification Number (EIN)<br/>13-3412592</div> |

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information

|  |                            |                           |                          |
|--|----------------------------|---------------------------|--------------------------|
| 1 Enter the valuation date: Month 01 Day 01 Year 2014  |                            |                           |                          |
| 2 Assets:  |                            |                           |                          |
| a Market value   | 2a                         | 1651672                   |                          |
| b Actuarial value  | 2b                         | 1651672                   |                          |
| 3 Funding target/participant count breakdown   | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment   | 6                          | 1011889                   | 1011889                  |
| b For terminated vested participants   | 4                          | 209748                    | 209748                   |
| c For active participants  | 2                          | 341241                    | 365029                   |
| d Total  | 12                         | 1562878                   | 1586666                  |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)   | <input type="checkbox"/>   |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions   | 4a                         |                           |                          |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5 Effective interest rate  | 5                          | 6.55%                     |                          |
| 6 Target normal cost   | 6                          | 5000                      |                          |

Statement by Enrolled Actuary  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                      |  |  |
|----------------------|--|--|
| <div>SIGN HERE</div> | <div>Signature of actuary<br/>JOHN LIN, E.A., A.S.A., M.A.A.A., F.C.A.</div> <div>Type or print name of actuary<br/>CHERNOFF DIAMOND &amp; CO., LLC</div> <div>Firm name<br/>725 RXR PLAZA - EAST TOWER<br/>UNIONDALE, NY 11556</div> <div>Address of the firm</div> | <div>Date<br/>14-07399</div> <div>Most recent enrollment number<br/>516-247-3435</div> <div>Telephone number (including area code)</div> |
|----------------------|--|--|

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>   |                       |                        |
|--|-----------------------|------------------------|
|  | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....   | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....  | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....  | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of _____% .....  | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....  |                       | 69                     |
| <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>6.42</u> % ..... |                       | 4                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....  |                       | 73                     |
| <b>d</b> Portion of (c) to be added to prefunding balance .....  |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....  |                       |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....   | 0                     | 0                      |

| <b>Part III Funding Percentages</b>  |           |          |
|--|-----------|----------|
| <b>14</b> Funding target attainment percentage .....   | <b>14</b> | 104.09 % |
| <b>15</b> Adjusted funding target attainment percentage .....  | <b>15</b> | 104.09 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 77.43 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|--|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)   | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|  |                                   |                                 |                          |                                   |                                 |
|  |                                   |                                 |                          |                                   |                                 |
|  |                                   |                                 |                          |                                   |                                 |
|  |                                   |                                 |                          |                                   |                                 |
|  |                                   |                                 |                          |                                   |                                 |
|  |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>  |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b>                    |
|  |                                   |                                 |                          |                                   | 0                               |

|  |            |         |
|--|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:   |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....   | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....   | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....  | <b>19c</b> | 0       |
| <b>20</b> Quarterly contributions and liquidity shortfalls:  |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>  |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> |            |         |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:  |            |         |
| Liquidity shortfall as of end of quarter of this plan year   |            |         |
| (1) 1st  | (2) 2nd    | (3) 3rd |
| 0  | 0          | 0       |
| (4) 4th  |            |         |
| 0  |            |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|  |                        |                        |                        |   |
|--|------------------------|------------------------|------------------------|---|
| <b>21</b> Discount rate:   |                        |                        |                        |   |
| <b>a</b> Segment rates:  | 1st segment:<br>4.99 % | 2nd segment:<br>6.32 % | 3rd segment:<br>6.99 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....  |                        |                        |                        | <b>21b</b> 0  |
| <b>22</b> Weighted average retirement age .....  |                        |                        |                        | <b>22</b> 62  |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |   |

**Part VI Miscellaneous Items**

|  |   |
|--|---|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b>   |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|   |           |   |
|---|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....   | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|  |                     |                    |               |
|--|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....  | <b>31a</b>          | 5000               |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   | <b>31b</b>          | 5000               |               |
| <b>32</b> Amortization installments:   | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....   | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....   | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..  | <b>34</b>           | 0                  |               |
|  | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....  | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....   | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....   | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....  | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|  |   |  |  |
|--|---|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |   |  |  |
| <b>a</b> Schedule elected .....  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years   |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....  | <b>42</b>   |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>   |  |  |

**ERROL M. RUDMAN  
DEFINED BENEFIT PLAN AND TRUST**

**EIN: 13-3412592**

**PN: 001**

**2014 FORM 5500 – SCHEDULE SB, PART V – SUMMARY OF PRINCIPAL PLAN  
PROVISIONS**

1. Effective Date  
January 1, 1984.
2. Eligibility  
One year of service and attainment of age 21.
3. Normal Retirement  
Effective December 31, 2008: Attainment of Participant's 62<sup>nd</sup> birthday.  
Prior to January 1, 2009: Attainment of Participant's 55<sup>th</sup> birthday or 5<sup>th</sup> anniversary of joining plan if later.
4. Early Retirement  
Attainment of Participant's fifty-fifth (55<sup>th</sup>) birthday, and 5 years of service with the Employer.
5. Retirement Benefits
  - a. Normal  
Average Monthly Compensation x 5% x total number of Years of Service (up to 20 years).  
Benefits are frozen as of December 30, 2002.
  - b. Early  
Actuarial Equivalent of Accrued Benefit payable at his Normal Retirement Date.
  - c. Death
    - (a) The death benefit provided under this Plan shall be the "minimum spouse's death benefit". In the case of an unmarried Participant or unmarried Former Participant who dies prior to his Retirement Date, no death benefits shall be payable under this Plan.
    - (b) For the purposed of this Section, the "minimum spouse's death benefit" means a death benefit for a Vested married Participant payable in the form of a Pre-Retirement Survivor annuity. Such annuity payments shall be equal to the amount which would be payable as a survivor annuity under the joint and survivor annuity provisions of the Plan if:

**ERROL M. RUDMAN  
DEFINED BENEFIT PLAN AND TRUST**

**EIN: 13-3412592**

**PN: 001**

**2014 FORM 5500 – SCHEDULE SB, PART V – SUMMARY OF PRINCIPAL PLAN  
PROVISIONS (CONT'D)**

- (1) in the case of a Participant who dies after the Earliest Retirement Age, such Participant had retired with an immediate joint and survivor annuity on the day before the Participant's date of death or,
- (2) in the case of a Participant who dies on or before the Earliest Retirement Age, such Participant had:
  - i. separated from service on the earlier of the actual time of separation or the date of his death,
  - ii. survived to the Earliest Retirement Age,
  - iii. retired with an immediate joint and survivor annuity at the Earliest Retirement Age based on his Vested Accrued Benefit on his date of death, and
  - iv. died on the day after the day on which said Participant would have attained the Earliest Retirement Age.

d. Late

The greater of:

- (a) The Actuarial Equivalent of the monthly retirement benefit at the close of the prior Plan Year.
- (b) Accrued Benefit at the close of the Plan Year.

e. Normal Form of Payment

If single: Single life annuity

If married: Joint and 100% survivor annuity

f. Average Monthly Compensation

Highest 3 year average compensation within the last 10 years of participation.



**ERROL M. RUDMAN  
DEFINED BENEFIT PLAN AND TRUST**

**EIN: 13-3412592**

**PN: 001**

**2014 FORM 5500 – SCHEDULE SB, PART V – SUMMARY OF PRINCIPAL PLAN  
PROVISIONS (CONT'D)**

g. Years of Service

Computation period of 12 consecutive months during which an employee has at least 1,000 hours of service

6. Vesting

All participants are 100% vested in their accrued benefits.

7. Optional Forms of Benefit

Any forms of payment allowed by law such as:

Joint and 50% survivor annuity

Joint and 66 2/3% survivor annuity

Joint and 75% survivor annuity

Joint and 100% survivor annuity

Single life annuity

One lump sum payment

5 year period certain and life annuity

10 year period certain and life annuity

15 year period certain and life annuity

20 year period certain and life annuity

**ERROL M. RUDMAN  
DEFINED BENEFIT PLAN AND TRUST**

**EIN: 13-3412592**

**PN: 001**

**2014 FORM 5500 – SCHEDULE SB, PART V– STATEMENT OF ACTUARIAL  
ASSUMPTIONS/METHODS**

1. Valuation Method

The unit credit cost method, where the funding target is equal to the sum of the individual liabilities for all the participants. The individual's accrued liability is the present value of the benefit accrued in the prior plan years. The target normal cost is the present value of benefits accruing in the plan year.

2. Asset Value

Market Value of Assets plus discounted contribution receivables and outstanding loan balances.

3. Employees Data used in Valuation

Based on employee data received from the employer.

4. Demographic Assumptions

a. Mortality

IRS 2014 Static Mortality Table (Annuitant and Non-Annuitant).

b. Discount rates:

|                         |                         |       |
|-------------------------|-------------------------|-------|
| Funding Interest Rate – | Segment Rates:          |       |
|                         | First Segment:          | 4.99% |
|                         | Second Segment:         | 6.32% |
|                         | Third Segment:          | 6.99% |
|                         | Look Back Month         | None  |
|                         | Effective Interest Rate | 6.55% |

c. Salary scale: Not Assumed.

d. Retirement: Participants are assumed to retire at age 62.

e. Expenses Paid From Plan: \$5,000.

f. Termination: Not Assumed

**ERROL M. RUDMAN  
DEFINED BENEFIT PLAN AND TRUST**

**EIN: 13-3412592  
PN: 001**

**2014 FORM 5500 – SCHEDULE SB, LINE 22- DESCRIPTION OF WEIGHTED AVERAGE  
RETIREMENT AGE**

Participants are assumed to retire at age 62.

**ERROL M. RUDMAN  
DEFINED BENEFIT PLAN AND TRUST**

**EIN: 13-3412592  
PN: 001**

**2014 FORM 5500 – SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE  
PARTICIPANT DATA**

**Age and Service Information**

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|              | YEARS OF SERVICE |        |         |          |          |          |          |          |          |           |       |
|--------------|------------------|--------|---------|----------|----------|----------|----------|----------|----------|-----------|-------|
| Attained Age | Under 1          | 1 to 5 | 5 to 10 | 10 to 15 | 15 to 20 | 20 to 25 | 25 to 30 | 30 to 35 | 35 to 40 | 40 and Up | Total |
| Under 25     | 0                | 0      | 0       | 0        | 0        | 0        | 0        | 0        | 0        | 0         | 0     |
| 25 to 29     | 0                | 0      | 0       | 0        | 0        | 0        | 0        | 0        | 0        | 0         | 0     |
| 30 to 34     | 0                | 0      | 0       | 0        | 0        | 0        | 0        | 0        | 0        | 0         | 0     |
| 35 to 39     | 0                | 0      | 0       | 0        | 1        | 0        | 0        | 0        | 0        | 0         | 1     |
| 40 to 44     | 0                | 0      | 0       | 0        | 0        | 0        | 0        | 0        | 0        | 0         | 0     |
| 45 to 49     | 0                | 0      | 0       | 0        | 0        | 0        | 0        | 0        | 0        | 0         | 0     |
| 50 to 54     | 0                | 0      | 0       | 0        | 0        | 0        | 0        | 0        | 0        | 0         | 0     |
| 55 to 59     | 0                | 0      | 0       | 0        | 0        | 0        | 0        | 0        | 0        | 0         | 0     |
| 60 to 64     | 0                | 0      | 0       | 0        | 0        | 0        | 0        | 0        | 0        | 0         | 0     |
| 65 to 69     | 0                | 0      | 0       | 0        | 1        | 0        | 0        | 0        | 0        | 0         | 1     |
| 70 & Up      | 0                | 0      | 0       | 0        | 0        | 0        | 0        | 0        | 0        | 0         | 0     |
| Totals       | 0                | 0      | 0       | 0        | 2        | 0        | 0        | 0        | 0        | 0         | 2     |

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**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2014****This Form is Open to Public  
Inspection**For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan**B** Three-digit  
plan number (PN) ►

001

ERROL M. RUDMAN DEFINED BENEFIT PLAN AND TRUST**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF**D** Employer Identification Number (EIN)RUDMAN CAPITAL MANAGEMENT, LLC13-3412592**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2014**2** Assets:**a** Market value **2a** 1,651,672**b** Actuarial value **2b** 1,651,672**3** Funding target/participant count breakdown(1) Number of  
participants(2) Vested Funding  
Target(3) Total Funding  
Target**a** For retired participants and beneficiaries receiving payment..... 6 1,011,889 1,011,889**b** For terminated vested participants..... 4 209,748 209,748**c** For active participants..... 2 341,241 365,029**d** Total..... 12 1,562,878 1,586,666**4** If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐**a** Funding target disregarding prescribed at-risk assumptions **4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor **4b****5** Effective interest rate **5** 6.55 %**6** Target normal cost **6** 5,000**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN  
HERE**

Signature of actuary

JOHN LIN, E.A., A.S.A., M.A.A.A., F.C.A.

Type or print name of actuary

CHERNOFF DIAMOND & CO., LLC

Firm name

725 RXR Plaza - East TowerUniondale

Address of the firm

NY 115569/23/15

Date

14-07399

Most recent enrollment number

(516) 247-3435

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2014  
v. 140124

**Part II Beginning of Year Carryover and Prefunding Balances**

|  | (a) Carryover balance | (b) Prefunding balance |
|--|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....   | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....  | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....  | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of _____ % .....   | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....  |                       | 69                     |
| <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>6.42</u> % ..... |                       | 4                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....  |                       | 73                     |
| <b>d</b> Portion of (c) to be added to prefunding balance .....  |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....  |                       |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....   | 0                     | 0                      |

**Part III Funding Percentages**

|  |           |          |
|--|-----------|----------|
| <b>14</b> Funding target attainment percentage .....   | <b>14</b> | 104.09 % |
| <b>15</b> Adjusted funding target attainment percentage .....  | <b>15</b> | 104.09 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 77.43 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls**

**18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b>                    |
|                          |                                   |                                 |                          |                                   | 0                               |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|   |            |   |
|---|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... ☒ Yes ☐ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☒ Yes ☐ No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|--|---------|---------|---------|
| (1) 1st  | (2) 2nd | (3) 3rd | (4) 4th |
| 0  | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|  |                        |                        |   |
|--|------------------------|------------------------|---|
| <b>21</b> Discount rate:   |                        |                        |   |
| <b>a</b> Segment rates:  | 1st segment:<br>4.99 % | 2nd segment:<br>6.32 % | 3rd segment:<br>6.99 %                              |
|  |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....  |                        |                        | <b>21b</b> 0  |
| <b>22</b> Weighted average retirement age .....  |                        |                        | <b>22</b> 62  |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |   |

**Part VI Miscellaneous Items**

|   |  |   |
|---|--|---|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                            |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   |  | <b>27</b>   |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|   |           |   |
|---|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years.....  | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|   |                   |                                      |               |
|---|-------------------|--------------------------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):  |                   |                                      |               |
| <b>a</b> Target normal cost (line 6).....   |                   | <b>31a</b>                           | 5,000         |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....  |                   | <b>31b</b>                           | 5,000         |
| <b>32</b> Amortization installments:  |                   | Outstanding Balance      Installment |               |
| <b>a</b> Net shortfall amortization installment .....   |                   | 0                                    | 0             |
| <b>b</b> Waiver amortization installment.....   |                   | 0                                    | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... |                   | <b>33</b>                            |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...   |                   | <b>34</b>                            | 0             |
|   | Carryover balance | Prefunding balance                   | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....   | 0                 | 0                                    | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....   |                   | <b>36</b>                            | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....  |                   | <b>37</b>                            | 0             |
| <b>38</b> Present value of excess contributions for current year (see instructions)   |                   |                                      |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....  |                   | <b>38a</b>                           | 0             |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....   |                   | <b>38b</b>                           | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....  |                   | <b>39</b>                            | 0             |
| <b>40</b> Unpaid minimum required contributions for all years.....  |                   | <b>40</b>                            | 0             |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|   |  |   |  |
|---|--|---|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:               |  |   |  |
| <b>a</b> Schedule elected .....   |  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years   |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....              |  | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |
| <b>42</b> Amount of acceleration adjustment .....   |  | <b>42</b>   |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years..... |  | <b>43</b>   |  |

**Form 5500-SF**Department of the Treasury  
Internal Revenue ServiceDepartment 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).OMB Nos. 1210-0110  
1210-0089**2014****This Form is Open to  
Public Inspection**▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.****Part I Annual Report Identification Information**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

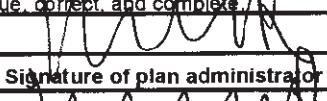

- A** This return/report is for:
- ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
- ☐ a one-participant plan ☐ a foreign plan
- B** This return/report is:
- ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** Check box if filing under:
- ☒ Form 5558 ☐ automatic extension ☐ DFVC program
- ☐ special extension (enter description)

**Part II Basic Plan Information—enter all requested information**

|  |  |   |
|--|--|---|
| <b>1a</b> Name of plan<br>ERROL M. RUDMAN DEFINED BENEFIT PLAN AND TRUST   |  | <b>1b</b> Three-digit plan number (PN) ▶ 001              |
|  |  | <b>1c</b> Effective date of plan 01/01/1984               |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br>RUDMAN CAPITAL MANAGEMENT, LLC<br><br>712 5TH AVE FL 20<br>NEW YORK NY 10019-4108 |  | <b>2b</b> Employer Identification Number (EIN) 13-3412592 |
|  |  | <b>2c</b> Sponsor's telephone number (212) 521-5160       |
|  |  | <b>2d</b> Business code (see instructions) 523900         |
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.  |  | <b>3b</b> Administrator's EIN                             |
|  |  | <b>3c</b> Administrator's telephone number                |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.                |  | <b>4b</b> EIN   |
| <b>a</b> Sponsor's name  |  | <b>4c</b> PN  |
| <b>5a</b> Total number of participants at the beginning of the plan year   |  | <b>5a</b> 12  |
| <b>b</b> Total number of participants at the end of the plan year  |  | <b>5b</b> 12  |
| <b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)   |  | <b>5c</b>   |
| <b>d(1)</b> Total number of active participants at the beginning of the plan year  |  | <b>5d(1)</b> 2  |
| <b>d(2)</b> Total number of active participants at the end of the plan year  |  | <b>5d(2)</b> 2  |
| <b>e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested  |  | <b>5e</b> 0   |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

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.

|  |   |         |  |
|--|---|---------|--|
| <b>SIGN HERE</b>   |  | 10/1/15 | ERROL RUDMAN   |
|  | Signature of plan administrator   | Date    | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>   |  | 10/1/15 | ERROL RUDMAN   |
|  | 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) (optional) |   |         | Preparer's telephone number (optional)                       |



- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... ☒ Yes ☐ No
- 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.)..... ☒ 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.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined

**Part III Financial Information**

| 7 Plan Assets and Liabilities   |              | (a) Beginning of Year | (b) End of Year |
|---|--------------|-----------------------|-----------------|
| <b>a</b> Total plan assets.....   | <b>7a</b>    | 1,654,945             | 2,072,446       |
| <b>b</b> Total plan liabilities.....  | <b>7b</b>    |                       |                 |
| <b>c</b> Net plan assets (subtract line 7b from line 7a).....                                       | <b>7c</b>    | 1,654,945             | 2,072,446       |
| 8 Income, Expenses, and Transfers for this Plan Year  |              | (a) Amount            | (b) Total       |
| <b>a</b> Contributions received or receivable from:   |              |                       |                 |
| <b>(1)</b> Employers.....   | <b>8a(1)</b> | 0                     |                 |
| <b>(2)</b> Participants.....  | <b>8a(2)</b> | 0                     |                 |
| <b>(3)</b> Others (including rollovers).....  | <b>8a(3)</b> | 0                     |                 |
| <b>b</b> Other income (loss).....   | <b>8b</b>    | 514,147               |                 |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....                                  | <b>8c</b>    |                       | 514,147         |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... | <b>8d</b>    | 78,396                |                 |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions)....                      | <b>8e</b>    |                       |                 |
| <b>f</b> Administrative service providers (salaries, fees, commissions).....                        | <b>8f</b>    | 18,248                |                 |
| <b>g</b> Other expenses.....  | <b>8g</b>    | 2                     |                 |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....   | <b>8h</b>    |                       | 96,646          |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c).....                                     | <b>8i</b>    |                       | 417,501         |
| <b>j</b> Transfers to (from) the plan (see instructions).....                                       | <b>8j</b>    |                       |                 |

**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:  
1A 3B 1I
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

| 10 During the plan year:   | Yes        | No | Amount  |
|--|------------|----|---------|
| <b>a</b> 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>10a</b> | X  |         |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....  | <b>10b</b> | X  |         |
| <b>c</b> Was the plan covered by a fidelity bond?.....   | <b>10c</b> | X  | 700,000 |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....   | <b>10d</b> | X  |         |
| <b>e</b> 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.)..... | <b>10e</b> | X  |         |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan?.....  | <b>10f</b> | X  |         |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.).....  | <b>10g</b> | X  |         |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....  | <b>10h</b> | X  |         |
| <b>i</b> 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.....   | <b>10i</b> |    |         |

**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)..... ☒ Yes ☐ No

**11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39..... **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?.. ☐ Yes ☒ No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

**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. .... Month Day Year

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

|   |   |  |
|---|---|--|
| <b>b</b> Enter the minimum required contribution for this plan year .....   | <b>12b</b>  |  |
| <b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>12c</b>  |  |
| <b>d</b> 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)..... | <b>12d</b>  |  |
| <b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline?.....  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |  |

**Part VII Plan Terminations and Transfers of Assets**

|  |   |   |
|--|---|---|
| <b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year .....  | <b>13a</b>  |   |
| <b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>c</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) |   |   |
| <b>13c(1)</b> Name of plan(s):   | <b>13c(2)</b> EIN(s)  | <b>13c(3)</b> PN(s)   |
|  |   |   |

**Part VIII Trust Information (optional)**

|                          |                        |
|--------------------------|------------------------|
| <b>14a</b> Name of trust | <b>14b</b> Trust's EIN |
|                          |                        |

**EFAST2 Filing Authorization  
for the 2014 Form 5500**

Name of Plan: Errol M. Rudman Defined Benefit Plan and Trust

EIN / PN: 13-3412592 / 001

Plan Year Ending: 12/31/2014

Authorization of Practitioner to Electronically Sign and File


I hereby authorize Chernoff Diamond & Co., LLC to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide a scanned copy of that signature page to Chernoff Diamond & Co., LLC before the electronic filing can be initiated;
- Chernoff Diamond & Co., LLC will retain a copy of this written authorization in its records;
- Chernoff Diamond & Co., LLC will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Chernoff Diamond & Co., LLC shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator: \_\_\_\_\_



Date: \_\_\_\_\_

10/1/15