#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information			•	
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/201	4	and ending 12/	/31/2014	
A This re	eturn/report is for:	∡ a single-employer plan		plan (not multiemployer) ( oyer information in accord		
		a one-participant plan	a foreign plan			
<b>B</b> This ref	turn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	urn/report (less than 12 me	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	orogram
		special extension (enter descrip	tion)			
Part II	Basic Plan Inf	ormation—enter all requested info	rmation			
1a Name ERROL M.	•	BENEFIT PLAN AND TRUST			<b>1b</b> Three-digiting plan numb (PN) ▶	
					1c Effective d	ate of plan 01/01/1984
	sponsor's name and a APITAL MANAGEME	address; include room or suite number NT, LLC	(employer, if for a singl	e-employer plan)	' '	dentification Number 13-3412592
712 5TH AV	E FL 20					telephone number 12-521-5160
NEW YORK	, NY 10019-4108					code (see instructions) 523900
3a Plan a	administrator's name	and address XSame as Plan Sponso	r.		<b>3b</b> Administra	tor's EIN
					3c Administra	tor's telephone number
4 If the	name and/or EIN of t	he plan sponsor has changed since th	e last return/report filed	for this plan, enter the	<b>4b</b> EIN	
	e, EIN, and the plan n sor's name	umber from the last return/report.			4c PN	
		ts at the beginning of the plan year			5a	12
_		ts at the end of the plan year			5b	12
<b>C</b> Numl	ber of participants wit	h account balances as of the end of th	e plan year (defined be	nefit plans do not	5c	<u> </u>
	,	participants at the beginning of the plan			5d(1)	2
<b>d(2)</b> To	tal number of active p	participants at the end of the plan year			5d(2)	2
		terminated employment during the pla	•		5e	0
Caution:	A penalty for the late	e or incomplete filing of this return/	report will be assesse	d unless reasonable cau	ıse is establishe	d.
Under per SB or Sch	nalties of perjury and	other penalties set forth in the instructi and signed by an enrolled actuary, as	ons, I declare that I hav	e examined this return/rep	oort, including, if a	applicable, a Schedule
SIGN		d/valid electronic signature.	10/07/2015	ERROL RUDMAN		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	n administrator

10/07/2015

Date

**ERROL RUDMAN** 

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

SIGN **HERE** 

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable or the considera	an indeper and conditi	ident qualified public accounta	int (IQ	PA)		X Yes No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?	X	Yes	No Not determined
Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
<u>a</u>	Total plan assets	7a	16549	945			2072446
	Total plan liabilities	7b	40546	145			0070440
	Net plan assets (subtract line 7b from line 7a)	7c	16549	945			2072446
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)		0			
	2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	5141	147			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					514147
	Benefits paid (including direct rollovers and insurance premiums oprovide benefits)	8d	783	396			
	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	182	248			
g	Other expenses	8g		2			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					96646
	Net income (loss) (subtract line 8h from line 8c)	8i					417501
j	Transfers to (from) the plan (see instructions)	8j					
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Chara	cterist	tic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	ıciary Corr	ection Program)	10a		X	
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
	Was the plan covered by a fidelity bond?			10c	X		700000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	······		10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6	enter th Day	

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to	)			
1	3c(1) Name of plan(s):		130	c(2) EII	V(s)	13c(3)	PN(s)
			1				

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## **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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2014

File as an attachment to Form 5500 or 5500-SE

			F File as	an allacinnent to Form	3300 OF 3300-3F.			
For	calendar plan year 20	014 or fiscal plan	year beginning	01/01/2014	and end	ling 12/3	31/2014	
	Round off amounts							
		\$1,000 will be a	ssessed for late filing	of this report unless reason		ned.		
	Name of plan ROL M. RUDMAN DE	EINED BENEEIT	PLANIAND TRUST		<b>B</b> Three-d	0		001
LIXI	NOE W. NODWAN DE	I INCO DENETTI	TEAN AND TROOT		plan nur	nber (PN)	•	
C F	Plan sponsor's name a	as shown on line	2a of Form 5500 or 5	500-SF	<b>D</b> Employe	· Identifica	tion Number (E	IN)
	DMAN CAPITAL MAN					13-341		
Ет	ype of plan: X Single	e Multiple-A	Multiple-B	F Prior year pla	an size: X 100 or fewer	101-5	00 More th	an 500
Pa	art I Basic Info	rmation						
1	Enter the valuation	date:	Month <u>01</u>	Day 01 Year	2014			
2	Assets:							
	a Market value					2a		1651672
	<b>b</b> Actuarial value					2b		1651672
3	Funding target/parti	cipant count brea	akdown		(1) Number of participants		ted Funding arget	(3) Total Funding Target
	a For retired particip	oants and benefic	ciaries receiving paym	nent	6		1011889	1011889
	<b>b</b> For terminated ve	sted participants			4		209748	209748
	C For active particip	ants			2		341241	365029
	<b>d</b> Total				12		1562878	1586666
4				lines (a) and (b)	Π			
•				ons	<u> </u>	4a		
	-	0 0.	•	arding transition rule for p				
				nd disregarding loading fa		4b		
5	Effective interest rat	e				5		6.55%
6	Target normal cost.					6		5000
	ement by Enrolled A	•						
				empanying schedules, statements mption is reasonable (taking into a				
	combination, offer my best es	stimate of anticipated e	experience under the plan.					
S	SIGN							
Н	IERE							
		Sigr	nature of actuary				Date	
JOH	HN LIN,E.A.,A.S.A.,M.	A.A.A.,F.C.A					14-0739	99
		Type or p	print name of actuary			Most r	ecent enrollme	nt number
CHI	ERNOFF DIAMOND 8	k CO., LLC					516-247	-3435
725	RXR PLAZA - EAST	TOMER	Firm name		٦	elephone	number (includ	ling area code)
	ONDALE, NY 11556	TOVVER						
		Ad	dress of the firm					
If the	actuary has not fully	reflected any reg	ulation or ruling prom	ulgated under the statute	in completing this sched	ule, check	the box and se	 ee П
inatri	untions.			. J o.a.u.o		, 3301		

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Schedule SB (Form 5500) 2014	Page <b>2 -</b> 1

Pa	art II	Beginning of	Year Carryov	ver and Prefunding Ba	alances							
						(a) (	Carryover balance		(b) F	Prefundin	g balan	ce
7			, , , , , , , , , , , , , , , , , , , ,	licable adjustments (line 13 f	•			0				0
8				funding requirement (line 35				0				0
9	· · ·							0				0
10				eturn of%				0				0
11				ed to prefunding balance:								
	•			e 38a from prior year)								69
				88a over line 38b from prior y ive interest rate of6.42								
	<b>b(2)</b> Int	erest on line 38b f	rom prior year So	chedule SB, using prior year's	actual -							4
	re	turn										0
	<b>C</b> Total a	available at beginnin	ng of current plan y	ear to add to prefunding balar	nce							73
	<b>d</b> Portio	n of (c) to be adde	d to prefunding b	alance								0
12	Other re	ductions in balance	es due to electior	ns or deemed elections								
13	Balance	at beginning of cu	rrent year (line 9	+ line 10 + line 11d – line 12	)			0				0
Pa	art III	Funding Per	rcentages									
14	Funding	target attainment	percentage							14	104	.09 %
15	15 Adjusted funding target attainment percentage											.09 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement											77	.43 %
17	If the cur	rrent value of the a	ssets of the plan	is less than 70 percent of the	e funding targ	et, enter s	uch percentage			17		%
Pá	art IV	Contribution	ns and Liquid	dity Shortfalls								
18	Contribu	tions made to the	plan for the plan	year by employer(s) and emp	oloyees:							
(M	(a) Date 1M-DD-YY		nount paid by nployer(s)	(c) Amount paid by employees	( <b>a)</b> Da (MM-DD-)		( <b>b)</b> Amount page employer(	-	(0	) Amount paid by employees		
					Totals ►	18(b)		0	18(c)			0
19				structions for small plan with								
	_		·	nimum required contributions				19a				0
				idjusted to valuation date				19b				0
				quired contribution for current y	ear adjusted t	o valuation	ı date	19c				0
20		y contributions and									, F	٦ ,,
			_	the prior year?						=	Yes	No
	<b>b</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:									
		20a is "Yes," see i	nstructions and c			-64-1						
			nstructions and c	Liquidity shortfall as of e						(4) 4th		
		20a is "Yes," see i (1) 1st	nstructions and c				n year 3rd	<u> </u>		(4) 4th	0	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discou	nt rate:								
	<b>a</b> Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, fu	ıll yield	curv	e used
	<b>b</b> Appl	licable month (	enter code)			21b				0
22	Weight	ted average ret	tirement age			22				62
23	Mortali	ty table(s) (se	e instructions)	escribed - combined X Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24				tuarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	equired	1	
		-						. —	Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		X	Yes	No
27		•	o alternative funding rules, en	ter applicable code and see instruc	tions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid			years		28				0
29	Discou (line 19	nted employer 9a)	contributions allocated toward	d unpaid minimum required contrib	utions from prior years	29				0
30				ntributions (line 28 minus line 29)		30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31			nd excess assets (see instruct							
			,	,		31a				5000
			·	line 31a		31b				5000
32		zation installme	<u> </u>		Outstanding Bala	ance	ı	nstallm	ent	
	<b>a</b> Net s	shortfall amortiz	zation installment			0				0
	<b>b</b> Waiv	er amortization	n installment			0				0
33				nter the date of the ruling letter gran		33				
34	Total fu			er/prefunding balances (lines 31a -		34				0
		<u> </u>		Carryover balance	Prefunding bala	nce	To	otal bala	ance	
35	Balanc	es elected for	use to offset funding	,	3					
00				0		0				0
36	Additio	nal cash requi	rement (line 34 minus line 35).			36				0
37	Contrib (line 19	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				0
38	Presen	nt value of exce	ess contributions for current ye	ear (see instructions)		<u> </u>				
						38a				0
				prefunding and funding standard c		38b				0
39				ear (excess, if any, of line 36 over		39				0
40	Unpaid	l minimum requ	uired contributions for all years	S		40				0
Pa	rt IX			Pension Relief Act of 2010		)				
41	If an ele		de to use PRA 2010 funding re			-				
							2 plus 7 yea	ars [	15	years
				41a was made				2010		2011
42			,	- Tu Was made		42	- 🔟 = 000			
			-	d over to future plan years		43				
. •			dillouit to be outlied		<b></b>					

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. <u>Early Retirement</u>

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. <u>Early</u>

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:

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.

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## 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. <u>Vesting</u>

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

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. <u>Asset Value</u>

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

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

Participants are assumed to retire at age 62.

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# 2014 FORM 5500 – SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIAPNT DATA

### **Age and Service Information**

		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			

### **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).

2014

OMB No. 1210-0110

This Form is Open to Public Inspection

	▶ File as an atta	chment to Form 5500 or	r 5500-SF.			
For calendar plan year 2014 or fiscal plan	year beginning	01/01/2014	and endir	ng	12/3	1/2014
▶ Round off amounts to nearest dollar	-					
Caution: A penalty of \$1,000 will be as	ssessed for late filing of this re	eport unless reasonable o	ause is establishe	d.		
A Name of plan			<b>B</b> Three-dig	it		
			plan num	per (PN)	<b>•</b>	001
		DHOM				
ERROL M. RUDMAN DEFINED B		RUST	D Employer I	dentificat	ion Number (E	INI)
C Plan sponsor's name as shown on line	28 01 F01111 5500 01 5500-5F		Employer	Gentinoat	ion number (L	iiv)
RUDMAN CAPITAL MANAGEMENT	LLC		13-3412	592		
E Type of plan:   Single    Multiple-A		F Prior year plan size:		_	00 More th	an 500
	Ividitiple-B	1 Thoryear plantsize.	A 100 of fewer	101.0	oo [] word an	
Part I Basic Information	A di B amaza	1 2 2014				
	Month1 Day	1 Year 2014	<u> </u>			
2 Assets:				20		3 251 250
a Market value				2a		1,651,672
<b>b</b> Actuarial value				. 2b		1,651,672
3 Funding target/participant count brea	kdown		Number of articipants	. ,	ed Funding arget	(3) Total Funding Target
a For retired participants and benefic	iaries receiving payment		6	1,	011,889	1,011,889
<b>b</b> For terminated vested participants.		**********	4		209,748	209,748
C For active participants			2		341,241	365,029
<b>d</b> Total			12	1	562,878	1,586,666
4 If the plan is in at-risk status, check the					002,010	
a Funding target disregarding prescri			-	. 4a		
<b>b</b> Funding target reflecting at-risk ass	sumptions, but disregarding tr	ansition rule for plans tha	it have been in	4h		
at-risk status for fewer than five				5		5 F = %
5 Effective interest rate				6		6.55%
6 Target normal cost				. 0		5,000
Statement by Enrolled Actuary  To the best of my knowledge, the information supplie	ed in this schedule and accompanying	schedules, statements and attach	ments, if any, is comple	te and accur	ate. Each prescribe	d assumption was applied in
accordance with applicable law and regulations. In n combination, offer my best estimate of anticipated ex	ny opinion, each other assumption is re	asonable (taking into account the	experience of the plan	and reasona	ble expectations) ar	nd such other assumptions, in
SIGN	/_			04 /	0 /.	_
HERE				4/	23/1	)
Sign	ature of actuary		-		bate	
JOHN LIN, E.A., A.S.A., M.A.					14-0739	9
	print name of actuary		-	Most re	ecent enrollme	
CHERNOFF DIAMOND & CO., LI	LC.			(5	516) 247-	3435
ondition of the state of the st	Firm name		Te			ing area code)
725 RXR Plaza - East Tower					-	
Uniondale	NY	11556				
Add	dress of the firm					
If the actuary has not fully reflected any regu	ulation or ruling promulgated	under the statute in comp	leting this schedu	le, check	the box and se	е П

Page	2	_
raue	_	_

Schedule SB (Form 5500) 2014

Pa	art II	Begin	ning of Year	Carryov	er and Pre	funding Ba	alances							
	•							(a)	Carryover balance	)	(b)	<sup>o</sup> refund	ing balar	nce
7			nning of prior year											0
0	<u> </u>									0				
8			for use to offset pr							0				0
9			ng (line 7 minus li							0				0
10	Interest	on line 9	using prior year's	actual ret	urn of	%				0				0
11			ess contributions to											
	<b>a</b> Prese	ent value	of excess contribu	utions ( <b>li</b> ne	38a from prio	or 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 6 . 4 2%													4
	D(2) Interest on line 38b from prior year Schedule SB, using prior years actual													
return  C Total available at beginning of current plan year to add to prefunding balance													<u> </u>	
	<b>d</b> Porti	on of (c)	to be added to pre	funding ba	ılance									0
12	Other re	eductions	s in balances due t	to elections	s or deemed e	elections								
			nning of current ye							0				0
	art III		ding Percenta				<u>,                                      </u>			- 1				_
												14	104	.09%
												15		.09 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce												.43%		
17									such percentage			17		%
P	art IV	Con	tributions and	d Liauid	itv Shortfa	lls								
			ade to the plan for				oloyees:							
	(a) Dat	e :e	(b) Amount p			nt paid by	(a) Da		(b) Amount p		(4		unt paid b	ру
(IV	1M-ÓD-Y	Y Y Y )	employer(	(S)	empio	oyees	(MM-DD-	Y Y Y Y )	employer	(S)		emp	loyees	
							Totals ▶	18(b)			O 18(c)			0
19	Discour	nted emp	lover contributions	s – see inst	ructions for s	mall plan with	a valuation d	ate after	the beginning of th	e vear:				
			allocated toward u							19a				0
	_		made to avoid res	-	•					19b				0
	C Conti	ributions a	allocated toward mi	nimum requ	uired contributi	on for current y	ear adjusted t	to valuatio	on date	19c				0
20			outions and liquidit				· · · · · · · · · · · · · · · · · · ·			•				
		-	•	•		?						<u>F</u>	Yes	No
			_						y manner?			-	Yes	No
			Yes," see instructi									E		
						hortfall as of e			an year					
		(1) 19	st		(2) 2nd	d		(3)	3rd			(4) 4t	h	
			0				0			0				0

Pa	art V Assumptio	ns Used to Determine	Funding Target and Targ	et Normal Cost					
21	Discount rate:								
	a Segment rates:	<b>1st segment</b> : 4 <b>.</b> 9 9 <b>%</b>	2nd segment: 6 . 32 %	<b>3rd segment</b> : 6 . 99 %		☐ N/A, full yield curve used			
	<b>b</b> Applicable month (	enter code)			21b	0			
22	Weighted average ref	tirement age			22	62			
23	Mortality table(s) (see	e instructions)	rescribed - combined X	escribed - separate	Substitu	ite			
Pa	rt VI Miscellane	ous Items							
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment								
25	Has a method change	e been made for the current p	plan year? If "Yes," see instruction	ns regarding required atta	chment	Yes X No			
26	Is the plan required to	provide a Schedule of Activ	e Participants? If "Yes," see instr	ictions regarding required	attachmer	ntX Yes No			
27			nter applicable code and see instru		27				
Pa	rt VII Reconcilia	ation of Unpaid Minim	um Required Contributio	ns For Prior Years					
28	Unpaid minimum requ	uired contributions for all prior	years		28	0			
29			d unpaid minimum required contri		29	0			
30	Remaining amount of	f unpaid minimum required co	ontributions (line 28 minus line 29)		30	0			
Pa	rt VIII Minimum	Required Contribution	n For Current Year						
31	Target normal cost a	nd excess assets (see instruc	otions):						
	a Target normal cost	(line 6)			31a	5 <b>,</b> 000			
	<b>b</b> Excess assets, if applicable, but not greater than line 31a					5,000			
32	Amortization installme	ents:		Outstanding Bala	ince	Installment			
	a Net shortfall amorti	zation installment			0	0			
					0	0			
33			nter the date of the ruling letter gra )_and the waived amount		33				
34	Total funding requirer	ment before reflecting carryov	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34	0			
			Carryover balance	Prefunding bala	nce	Total balance			
35	Balances elected for requirement	use to offset funding			)	0			
36	Additional cash requi	rement (line 34 minus line 35	)	5	36	0			
	7 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37	0			
38 Present value of excess contributions for current year (see instructions)									
		-			38a	0			
	<b>b</b> Portion included in	line 38a attributable to use of	prefunding and funding standard	carryover balances	38b	0			
39	9 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39	0			
40	40 Unpaid minimum required contributions for all years					0			
Pa	rt IX Pension	Funding Relief Under	Pension Relief Act of 201	0 (See Instructions)					
41 If an election was made to use PRA 2010 funding relief for this plan:									
	a Schedule elected					2 plus 7 years 15 years			
	<b>b</b> Eligible plan year(s	) for which the election in line	41a was made		200	08 2009 2010 2011			
42	Amount of acceleration	on adjustment			42				
43	Excess installment ac	celeration amount to be carri	ed over to future plan years		43				

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection** 

For calandar		t Identification Informati			40.00.10.	2.1.4				
roi calendal	r plan year 2014 or	fiscal plan year beginning  a single-employer plan	01/01/2014	and ending	12/31/20					
A This retu	urn/report is for:	dance with the form i	box must attach a list nstructions)							
		a one-participant plan	a foreign plan							
B This return/report is			<u> </u>	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 r	nontns)					
C Check box if filing under:				DFVC program						
C Check bu	ox it tilling diffeet.									
Dort II	Pagis Plan Inf	formation—enter all requester	d information							
Part II		Offication—enter an requester	o information	***	1b Three-digit					
1a Name of plan					plan number	1				
ERROL M	M. RUDMAN DE	FINED BENEFIT PLAN .	AND TRUST		(PN)	001				
					1c Effective date of plan 01/01/1984					
20 Dian an	onnorio nomo end s	address; include room or suite nu	imber (employer if for a single-	employer plan)	<del>-</del>	ntification Number				
		AGEMENT, LLC	iniber (employer, ir lor a single	omployer plany	(EIN) 13-3412592					
KODMAN	CALLIAD DAN	ACCEPTANT AND			2c Sponsor's telephone number					
					(212) 52	1-5160				
712 5TF	H AVE FL 20				2d Business code (see instructions)					
NEW YOR				10019-4108	523900					
3a Plan ac	dministrator's name	and address Same as Plan S	ponsor.		3b Administrator's EIN					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the										
	name and/or EIN of	the plan sponsor has changed si	ince the last return/report filed f	or this plan, enter the	4b EIN					
name,	, EIN, and the plan r	the plan sponsor has changed sinumber from the last return/repor	ince the last return/report filed f	or this plan, enter the						
name, <b>a</b> Spon	, EIN, and the plan r nsor's name	number from the last return/repor	t.		4c PN	1.0				
name, a Spon	, EIN, and the plan r nsor's name number of participar	number from the last return/repor	ear		4c PN 5a					
name, <b>a</b> Spon <b>5a</b> Total r <b>b</b> Total r	, EIN, and the plan r nsor's name number of participan number of participan	number from the last return/reports at the beginning of the plan yours at the end of the plan year	ear		4c PN 5a 5b					
name, a Spon 5a Total r b Total r c Numbe	EIN, and the plan r nsor's name number of participar number of participar per of participants wit	number from the last return/repor	eard of the plan year (defined ben	efit plans do not	4c PN 5a					
name, a Spon 5a Total r b Total r c Number	EIN, and the plan r nsor's name number of participar number of participar per of participants with ete this item)	number from the last return/reports at the beginning of the plan yearts at the end of the plan year	eard of the plan year (defined ben	efit plans do not	4c PN 5a 5b	12				
name, a Spon 5a Total r b Total r c Number comple d(1) Total	EIN, and the plan ransor's name number of participar number of participar ner of participants wit ete this item) all number of active	number from the last return/reporents at the beginning of the plan yearthe at the end of the plan year	eard of the plan year (defined benine plan year	efit plans do not	4c PN 5a 5b 5c	12				
name, a Spon- 5a Total r b Total r c Numbe completed(1) Total d(2) Total e Numbe	EIN, and the plan resor's name number of participar number of participars per of participants wite ete this item) al number of active al number of active or of participants that	number from the last return/reports at the beginning of the plan years at the end of the plan yearth account balances as of the en	t. ear d of the plan year (defined benine plan year n year the plan year with accrued ben	efit plans do not	4c PN 5a 5b 5c 5d(1)					
name, a Spon 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less the	EIN, and the plan resor's name number of participare number of participants with ete this item) all number of active ital number of active er of participants that an 100% vested	number from the last return/reporents at the beginning of the plan year th account balances as of the enparticipants at the beginning of the participants at the end of the plate terminated employment during	eard of the plan year (defined benine plan year	efit plans do not efits that were unless reasonable c	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  ause is established.	12				
name, a Spon- 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less the Caution: A Under pena	EIN, and the plan resor's name number of participare number of participants with ete this item) all number of active et all nu	number from the last return/reports at the beginning of the plan year th account balances as of the enparticipants at the beginning of the plant terminated employment during the or incomplete filing of this rother penalties set forth in the interminated by an enrolled actual	ear dof the plan year (defined benche plan year defined benche plan year defined benche plan year with accrued benche plan year will be assessed patructions. I declare that I have	efit plans do not efits that were unless reasonable c	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  ause is established. eport, including, if ap	plicable, a Schedule				
name, a Spon- 5a Total r b Total r c Number completed (1) Total d(2) Total e Number less the Caution: A Under pena SB or Schel belief, it is t	EIN, and the plan resor's name  number of participar number of participar number of participarts wite tet this item) all number of active all number of active or of participants that and 100% vested  A penalty for the late	number from the last return/reports at the beginning of the plan year th account balances as of the enparticipants at the beginning of the plant terminated employment during the or incomplete filing of this rother penalties set forth in the interminated by an enrolled actual	ear dof the plan year (defined benche plan year defined benche plan year defined benche plan year with accrued benche plan year will be assessed patructions. I declare that I have	efit plans do not efits that were unless reasonable c	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  ause is established. eport, including, if aport, and to the best of	plicable, a Schedule				
name, a Spon- 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less the Caution: A Under pena	EIN, and the plan resor's name number of participar number of participarts wite this item)	number from the last return/reporents at the beginning of the plan year th account balances as of the enparticipants at the beginning of the participants at the beginning of the participants at the end of the plat terminated employment during the or incomplete filling of this report of the participants at the end of the plat terminated employment during the or incomplete filling of this report of the participants at the end of the plat terminated employment during the or incomplete filling of this report of the participants are provided actually the plan that the plan year.	t.  d of the plan year (defined benche plan year	efit plans do not efits that were unless reasonable or examined this return/r rsion of this return/repo	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  ause is established. eport, including, if aport, and to the best of	plicable, a Schedule my knowledge and				
name, a Spon- 5a Total r b Total r c Number completed (1) Total d(2) Total e Number less the Caution: A Under pena SB or Schel belief, it is t	EIN, and the plan resor's name number of participare number of participants with ete this item) all number of active et all nu	number from the last return/reporents at the beginning of the plan year th account balances as of the enparticipants at the beginning of the participants at the beginning of the participants at the end of the plat terminated employment during the or incomplete filling of this report of the participants at the end of the plat terminated employment during the or incomplete filling of this report of the participants at the end of the plat terminated employment during the or incomplete filling of this report of the participants are provided actually the plan that the plan year.	t. ear d of the plan year (defined benche plan year	efit plans do not efits that were unless reasonable or examined this return/r rsion of this return/repo	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  ause is established. eport, including, if aport, and to the best of	plicable, a Schedule my knowledge and				
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name, a Spon- 5a Total r b Total r c Number completed (1) Total d(2) Total e Number less the Caution: A Under pena SB or Schete belief, it is t SIGN HERE	EIN, and the plan resor's name number of participar number of participants with ete this item)	number from the last return/reporents at the beginning of the plan year th account balances as of the enparticipants at the beginning of the participants at the beginning of the participants at the end of the plat terminated employment during the or incomplete filling of this report of the participants at the end of the plat terminated employment during the or incomplete filling of this report of the participants at the end of the plat terminated employment during the or incomplete filling of this report of the participants are provided actually the plan that the plan year.	d of the plan year (defined bendance plan year	efit plans do not  efits that were  unless reasonable context of this return/report  ERROL RUDMAN  Enter name of individed the context of the	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  ause is established. eport, including, if aport, and to the best of idual signing as plan idual signing as empli	plicable, a Schedule my knowledge and administrator				
name, a Spon- 5a Total r b Total r c Number completed (1) Total d(2) Total e Number less the less the Caution: A Under pena SB or Schete belief, it is the SIGN HERE	EIN, and the plan resor's name number of participar number of participants with ete this item)	number from the last return/reports at the beginning of the plan year th account balances as of the enparticipants at the beginning of the participants at the beginning of the participants at the end of the plat terminated employment during other penalties set forth in the interminate of the plat and signed by an enrolled actual property plan sponsor	d of the plan year (defined bendance plan year	efit plans do not  efits that were  unless reasonable context of this return/report  ERROL RUDMAN  Enter name of individed the context of the	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  ause is established. eport, including, if aport, and to the best of idual signing as plan idual signing as empli	plicable, a Schedule my knowledge and administrator				
name, a Spon- 5a Total r b Total r c Number completed (1) Total d(2) Total e Number less the Caution: A Under pena SB or Schete belief, it is t SIGN HERE	EIN, and the plan resor's name number of participar number of participants with ete this item)	number from the last return/reports at the beginning of the plan year th account balances as of the enparticipants at the beginning of the participants at the beginning of the participants at the end of the plat terminated employment during other penalties set forth in the interminate of the plat and signed by an enrolled actual property plan sponsor	d of the plan year (defined bendance plan year	efit plans do not  efits that were  unless reasonable context of this return/report  ERROL RUDMAN  Enter name of individed the context of the	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  ause is established. eport, including, if aport, and to the best of idual signing as plan idual signing as empli	plicable, a Schedule my knowledge and administrator				

	Form 5500-SF 2014		Page <b>2</b>						
<b>b</b> Are y unde <b>If you</b>	e all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of a r 29 CFR 2520.104-46? (See instructions on waiver eligibility a answered "No" to either line 6a or line 6b, the plan cann plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit <b>ot use Fo</b> l	ndent qualified public accounta ions.)rm 5500-SF and must instead	nt (IC	QPA) • Form	5500		X Yes	No
		isurance p	Togram (see ERISA section 40	JZ1) !	X	168		ioi detei	mineu
Part III	Financial Information		(-) D		_		(I-) EII		
	Assets and Liabilities plan assetsplan assets	7a	(a) Beginning of Yea		1 =		(b) End of		70 110
	plan liabilities	7a 7b	1,654	± <b>,</b> 94	15			∠,∪.	72,446
	lan assets (subtract line 7b from line 7a)	7c	1,654	1 92	15			2 0	72,446
	ne, Expenses, and Transfers for this Plan Year	-	(a) Amount	- <b>,</b> , .			(b) Tot		2,110
<b>a</b> Contr	ibutions received or receivable from:	8a(1)	, ,		0				
	Participants	8a(2)			0				
(3)	Others (including rollovers)	8a(3)			0				
<b>b</b> Other	income (loss)	8b	514	1,14	17				
	income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5.1	14,147
	fits paid (including direct rollovers and insurance premiums ovide benefits)	8d	7.0	3,39	36				
	in deemed and/or corrective distributions (see instructions)	8e	7	) <b>,</b>	,0				
	nistrative service providers (salaries, fees, commissions)	8f	18	3,24	18				
	expenses	8g		-	2				
<b>h</b> Total	expenses (add lines 8d, 8e, 8f, and 8g)	8h						(	96,646
i Net ir	ncome (loss) (subtract line 8h from line 8c)	8i						4.1	17,501
<b>j</b> Trans	sfers to (from) the plan (see instructions)	8j							
b If the	plan provides welfare benefits, enter the applicable welfare for Compliance Questions	eature code	es from the List of Plan Charad	cteris	tic Cod	les in t	the instruction	IS:	
<b>10</b> Duri	ing the plan year:				Yes	No	А	mount	
<b>a</b> Was	s there a failure to transmit to the plan any participant contribu CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions withir	n the time period described in ection Program)	10a		Х			
<b>b</b> Wer	re there any nonexempt transactions with any party-in-interest ine 10a.)	? (Do not i	nclude transactions reported	10b		Х			
	is the plan covered by a fidelity bond?			10c	Х			7(	00,000
<b>d</b> Did	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud					Х			70,000
<b>e</b> Wer						X			
	the plan failed to provide any benefit when due under the pla			10f		Х			
<b>g</b> Did	the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х			
<b>h</b> If th	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR								
i If 10	i 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					X			
Part VI	Pension Funding Compliance								
	nis a defined benefit plan subject to minimum funding requirem D and line 11a below)							X Yes	No
<b>11a</b> Ente	er the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	0		
<b>12</b> Is th	is a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	orse	ection	302 of	ERISA?	Yes	X No
	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
	waiver of the minimum funding standard for a prior year is beir ting the waiver.				s, and e	enter t Day		e letter ru 'ear	lling

Form 5500-SF 2014	Page <b>3</b>							
If you completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	3 (Form 5500), and skip to line 13.							
<b>b</b> Enter the minimum required contribution for this plan year		12b						
<b>c</b> Enter the amount contributed by the employer to the plan for this plan	. 12c							
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	12d							
e 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?	🔲 ,	Yes X No						
If "Yes," enter the amount of any plan assets that reverted to the empl	oyer this year	13a						
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	ne control		Yes X No					
C If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	his plan to another plan(s), identify the plan	s) to						
13c(1) Name of plan(s):	13c(2) E	IN(s)	<b>13c(3)</b> PN(s)					
	1							
Part VIII Trust Information (optional)	•							
14a Name of trust			14b 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