Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection**

| Part i Annual Report | identification information | | | | | | | | |
|--|---|---|---------------------|--|--|--|--|--|--|
| For calendar plan year 2015 or fis | scal plan year beginning 01/01/2 | 2015 and ending 12 | 2/31/2015 | | | | | | |
| 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 foreign plan | | | | | | | |
| B This return/report is | the first return/report an amended return/report | the final return/report a short plan year return/report (less than 12 m | onths) | | | | | | |
| C Check box if filing under: | ▼ Form 5558 □ special extension (enter desc | automatic extension | DF | VC program | | | | | |
| Part II Basic Plan Info | ormation—enter all requested in | formation | | | | | | | |
| 1a Name of plan ERROL M. RUDMAN PROFIT SH | <u> </u> | | 1b Three-d plan num | mber | | | | | |
| | | | 1c Effective | e date of plan 01/01/1999 | | | | | |
| | m, apt., suite no. and street, or P.C | D. Box) tal code (if foreign, see instructions) | (EIN) | er Identification Number 13-3412592 | | | | | |
| RUDMAN CAPITAL MANAGEMEN | 2c Sponsor's telephone number 212-521-5160 | | | | | | | | |
| | | | 2d Busines | s code (see instructions) | | | | | |
| 712 5TH AVE FL20 NEW YORK, NY 10019-4108 | | | | 523900 | | | | | |
| 3a Plan administrator's name ar | nd address XSame as Plan Spon | SOr. | 3b Adminis | trator's EIN | | | | | |
| | | | 3c Adminis | trator's telephone number | | | | | |
| name, EIN, and the plan nu | e plan sponsor has changed since mber from the last return/report. | the last return/report filed for this plan, enter the | 4b EIN | | | | | | |
| a Sponsor's name | | | 4c PN | | | | | | |
| 5a Total number of participants | at the beginning of the plan year | | 5a | 5 | | | | | |
| b Total number of participants | at the end of the plan year | | 5b | 5 | | | | | |
| · | | the plan year (defined benefit plans do not | 5c | 3 | | | | | |
| d(1) Total number of active pa | rticipants at the beginning of the p | lan year | 5d(1) | 5 | | | | | |
| d(2) Total number of active pa | articipants at the end of the plan ye | ar | 5d(2) | 5 | | | | | |
| | | e plan year with accrued benefits that were less | 5e | 0 | | | | | |
| | | n/report will be assessed unless reasonable car | | | | | | | |
| Under penalties of perjury and ot | her penalties set forth in the instru | ctions, I declare that I have examined this return/re | port, 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. | |
|--|--------|---------------|--------------------------|--|
|--|--------|---------------|--------------------------|--|

| | Filed with authorized/valid electronic signature. | 10/14/2016 | ERROL RUDMAN |
|------------|--|--|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 10/14/2016 | ERROL RUDMAN |
| HERE | Signature of employer/plan sponsor | Enter name of individual signing as employer or plan sponsor | |
| Preparer's | name (including firm name, if applicable) and address (include i | r) Preparer's telephone number | |

| Form 5500-SF 2015 | | Page 2 | | | | | | |
|--|--|-------------------------|----------|----------|---------|------------|-----------|---------------|
| Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. | an indepenand | dent qualified public a | ccount | ant (IQ | PA) | | | X Yes X |
| c If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance pr | ogram (see ERISA se | ection 4 | 021)? . | | Yes | No | Not determine |
| Part III Financial Information | , , | | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginning | of Ye | ar | | | (b) End | of Year |
| a Total plan assets | . 7a | | 6495 | 051 | | | | 6533755 |
| b Total plan liabilities | . 7b | | 0.405 | 054 | - | | | 0500755 |
| C Net plan assets (subtract line 7b from line 7a) | . 7c | | 6495 | 0051 | | | 4.5 | 6533755 |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: | | (a) Amou | ınt | | | | (b) T | otai |
| (1) Employers | . 8a(1) | | | 0 | | | | |
| (2) Participants | . 8a(2) | | 2 | 2400 | | | | |
| (3) Others (including rollovers) | . 8a(3) | | | | | | | |
| b Other income (loss) | . 8b | | 401 | 016 | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | | | | | | 403416 |
| Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | | 352 | 2335 | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | . 8e | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | . 8f | | 12 | 2377 | | | | |
| g Other expenses | . 8g | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | | | 364712 |
| i Net income (loss) (subtract line 8h from line 8c) | | | | | | | | 38704 |
| j Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Part IV Plan Characteristics | | | | | | | | |
| B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the pla | eature code | es from the List of Pla | n Chara | acterist | ic Cod | les in the | instructi | ons: |
| 10 During the plan year: | | | | Yes | No | N/A | | Amount |
| a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | /oluntary Fi | duciary Correction | 10a | | X | | | |
| b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | | | 10b | | X | | | |
| C Was the plan covered by a fidelity bond? | | | | Х | | | | 700/ |
| d Did the plan have a loss, whether or not reimbursed by the plan's | fidelity bon | nd, that was caused | 10c | ^ | | | | 7000 |
| by fraud or dishonesty? | | | 10d | | X | | | |
| Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) | ne or all of t | he benefits under | 10e | | X | | | |
| f Has the plan failed to provide any benefit when due under the pla | _ | | | | X | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount a | as of year er | nd.) | 10g | | X | | | |
| | h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR | | | | 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 | he required | notice or one of the | 10i | | | | | |
| j Did the plan trust incur unrelated business taxable income? | | | 10j | | | | | |
| Part VI Pension Funding Compliance | | | , | | | <u> </u> | | |
| 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | Yes |
| 11a Enter the unpaid minimum required contribution for all years from | | | | | | 11a | | |
| 12 Is this a defined contribution plan subject to the minimum funding | requireme | nts of section 412 of t | he Cod | e or se | ction (| 302 of El | RISA? | Yes X |

| | F | orm 5500-SF 2015 Page 3 - 1 | | | | | | |
|------------------|----------|--|------------------|--|--------------------|---------------------------|--------------------|--|
| | (If "Ye | s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | |
| а | | aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver | | enter the Day | e date of | the letter ru Year | ling | |
| If | | mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | | Day_ | | Τσαι | | |
| b | Enter ti | he minimum required contribution for this plan year | | 12b | | | | |
| С | Enter th | ne amount contributed by the employer to the plan for this plan year | | 12c | | | | |
| | Subtra | act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the | left of a | 12d | | | | |
| | | ve amount) | | | Yes | No | N/A | |
| Part | | e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets | | <u> </u> | 163 | NO | IN/A | |
| | | resolution to terminate the plan been adopted in any plan year? | | | X Ye | sПNo | | |
| 104 | | s," enter the amount of any plan assets that reverted to the employer this year | | 13a | | <u>- П</u> | (| |
| b | Were | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou | ght under the co | | | Yes X | No | |
| С | If duri | PBGC?ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifying the plan (s) and the plan (s) and the plan (s) are transferred from this plan to another plan (s). | | ······································ | _ | | | |
| | | assets or liabilities were transferred. (See instructions.) lame of plan(s): | 13c(2) | FIN(s) | | 13c(3) F | PN(e) | |
| | . 50(1) | tuno oi piuntoj. | 130(2) | LII4(3) | | 100(0) 1 | · v (3) | |
| | | | | | | | | |
| Dani | \/III | Turnet liefe une etico | | | | | | |
| Part | Name c | Trust Information | | 14h 1 | Frust's Ell | NI | | |
| ı T a | Name C | n trust | | 145 | iiusts Eli | | | |
| | | | | | | | | |
| 14c | Name | of trustee or custodian | | | | s or custodia e number | an's | |
| | | | | | telepriori | c number | | |
| Par | t IX | IRS Compliance Questions | | I | | | | |
| 15a | Is the | plan a 401(k) plan? | | Ye | s | No | | |
| | | | | | esign- | | | |
| 15b | | "how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | | | ased safe arbor | ∐ ADF test | P/ACP | |
| 450 | | | | method | | | | |
| 150 | | .DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 | | ∐ Ye | S | No | | |
| | 2(a)(2) | (ii))? | | □ Rá | atio | | | |
| 16a | Check | the box to indicate the method used by the plan to satisfy the coverage requirements under section | ion 410(b): | 1 1 1 | ercentage | | erage efit test | |
| 16b | | he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules? | | Ye | s | No | | |
| 17a | | e plan been timely amended for all required tax law changes? | | Ye | s | No | N/A | |
| 17b | | ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes). | Enter the ap | plicable | code | (See ins | tructions | |
| 17c | If the p | lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r | | ct to a fa | vorable I | RS opinion | or | |
| 17d | If the p | lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter// | | the plai | n's last fa | vorable | | |
| 18 | Is the I | Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin | | Yes | 5 | No | | |
| 19 | Were i | n-service distributions made during the plan year? | | Ye | s | No | | |
| | If "Yes | ," enter amount | | . 19 | | | | |
| 20 | | equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)? | | Ye | s | No | N/A | |

OMB Nos. 1210-0110 1210-0089

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2015 This Form is Open to

| Pension Benefit Guaranty Corporation | Complete all entries in a | accordance with the lines | ". rustions to the Form F | ENA GE | Pub | fic Inspection |
|---|---|--|---|-----------------------------|----------------------|------------------|
| Annual Report | Identification Information | | ructions to the Form 5 | ouv-ar. | | , , , |
| For calendar plan year 2015 or fis | | 01/01/2015 | and ending | 12 | /31/201 | ς |
| A This return/report is for: | a single-employer plan a one-participant plan | a multiple-employer p | lan (not multiemployer) nployer information in a | (Filers ched | cking this be | ox must attach a |
| B This return/report is | the first return/report an amended return/report | the final return/report | n/report (less than 12 m | nonths) | | |
| C Check box if filing under: | Form 5558 special extension (enter descri | automatic extension | | | DFVC progr | am am |
| Part II Basic Plan Info | rmation—enter all requested inf | omation | | | | |
| 1a Name of plan ERROL M. RUDMAN PROF | | | | (PN) 1c Effect | number tive date of | |
| City or town, state or province | n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta | . Box) al code (if foreign, see instr | ructions) | 2b Empl (EIN) | 13-341 | ication Number |
| Rudman Capital Manage 712 5TH AVE FL20 | ement LLC | | | (21 2d Busin | 2)521-5 | |
| New York | | NY | 10019-4108 | | | |
| | | | | 3c Admi | nistrator's t | elephone number |
| If the name and/or EIN of the name, EIN, and the plan num Sponsor's name | plan sponsor has changed since to her from the last return/report. | he last return/report filed fo | or this plan, enter the | 4b EIN 4c PN | | |
| 5a Total number of participants a | at the beginning of the plan year | ···· | | 5a | | |
| _ | at the end of the plan year | | | 5b | | |
| C Number of participants with a | ccount balances as of the end of the | he plan y ear (defined bene | efit plans do not | 5c | | |
| | ticipants at the beginning of the pla | | | 5d(1) | | Ç |
| d(2) Total number of active part e. Number of participants that to | ticipants at the end of the plan yea erminated employment during the | rplan year with accrued ber | nefits that were less | 5d(2) 5e | | Ę |
| than 100% vested | r incomplete filing of this return | /report will be assessed : | uniess reasonable cau | ise is estab | lished. | able a Schadula |
| SB or Schedule MB completed and belief, it is true, correct, and complete Sign Here Signature of plan ad | d signed by an enrolled actuary, as leten | 10/14/16 | sion of this return/report | t, and to the | best of my | knowledge and |
| SIGN VAAA | Mullin | Date 10/14/16 | Enter name of individu ERROL RUDMAN | | | |
| Preparer's name (including firm na | errpian sponsor me, if applicable) and address (inc | Date 'Slude room or suite number | Enter name of individu | uał signing a Preparer's | | |
| | | | - September 1 | | | |

| | Form 5500-SF 2015 | | Page 2 | | | | | | | | |
|---------------------------|--|--|--|--|--------------|-----------------------|-------------------------|-----------------------|---|---------------------|-----------------|
| 6a b | Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can | an indepo and cond | endent qualified public itions.) | accou | ntant (l | QPA) | | | | <u>.</u> | es [|
| С | If the plan is a defined benefit plan, is it covered under the PBGC i | nsurance | program (see ERISA : | section | 4021)? | | m aaou ™ Yes | ∏No | Пм | lot det | emine |
| | t II. Financial Information | | | - | | | - | | - | | |
| 7 | Plan Assets and Liabilities | | (a) Beginnir | na of Y | ear | | | (b) Ei | nd of | Vaar | |
| а | Total plan assets | 7a | | | 95,05 | 1 | | (-,, -, | | | 533, |
| <u> </u> | Total plan liabilities | 7b | | | | | | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | | 6,49 | 95,05 | 1 | | | | 6, | 533, |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amo | ount | | | - | (b |) Tot | | |
| | Contributions received or receivable from: (1) Employers | . 8a(1) | | | | 0 | | | | | 1817 320 - 1 |
| | (2) Participants | 8a(2) | | | 2,40 | 0 | | | 1 (4) (1) (4) (1) (4) (7) (7) (8) (2) (4) | | |
| | (3) Others (including rollovers) | Ba(3) | | | | ij.i | | A Figure | | | |
| | Other income (loss) | | | 4 (| 01,01 | 6 | India 2 | 110000 | | | 100 |
| <u> </u> | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | Marie Control | And the second | 2871,21823-715 | and the contract of | 403,4 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | | 35 | 2,33 | 5 | | elli gurren. Ilist | i di | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | |
| f, | Administrative service providers (salaries, fees, commissions) | 8f | | 1 | 2,37 | 7 | | | | i jiriyay | 0.00 |
| g | Other expenses | 8g | | | | | | 140 | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | Ale | NE E Pink | 2 | | | 94 6 476. Ca | | 364,7 |
| | Net income (loss) (subtract line 8h from line 8c) | 81 | | | | | | | | | 38,7 |
| <u>j</u> ' | Transfers to (from) the plan (see instructions) | 8j | | | | #1594 24054 | | | Argo H | | |
| Par | Plan Characteristics If the plan provides pension benefits, enter the applicable pension | | | | | NATION I | - rumme steps best nich | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Mineral Co. | 73.55.25 |
| | | | | | | | | | | | |
| ac Nicon | If the plan provides welfare benefits, enter the applicable welfare for Compliance Questions | eature cod | les from the List of Pla | an Char | acteris | ic Co | des in t | ne instru | ction | S: | |
| ar Nimum | 107.00003 | eature cod | les from the List of Pla | an Char | acteris | ic Co | | ne instru | | | |
| Part 10 | Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V | tions withi | n the time period | | | No | des in t | ne instru | | nount | |
| Part 10 a | Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribute | tions withi | n the time period | 10a | | <u> </u> | | ne instru | | | |
| Part 10 a | Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest. | tions withi oluntary F ? (Do not | n the time period Iduciary Correction Include Iransactions | 10a | Yes | No X | | ne instru | | mount | - |
| Part 10 a b | Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-Interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's | tions within toluntary F | n the time period Iduciary Correction Include Iransactions | 10a 10b | | No X | | ne instru | | mount | 00,0 |
| Part 10 a b c d | Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program). Were there any nonexempt transactions with any party-in-interest reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some | tions within columnary F | n the time period iduciary Correction include transactions and, that was caused by an insurance | 10a 10b 10c | Yes | No X X | | ne instru | | mount | - |
| Part 10 a b c d | Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-Interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) | tions within foluntary F ? (Do not fidelity both fidelity fidelity both fidelity both fidelity f | n the time period iduciary Correction include fransactions and, that was caused s by an insurance the benefits under | 10a 10b 10c 10d | Yes | No X X | | ne instru | | mount | - |
| Part 10 a b c d f | Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program). Were there any nonexempt transactions with any party-in-interest reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) | tions withi coluntary F ? (Do not fidelity bor er persons e or all of | n the time period iduciary Correction include fransactions and, that was caused by an insurance the benefits under | 10a 10b 10c 10d | Yes | No X X X X X | | ne instru | | mount | - |
| Part 10 a b c d e | Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program). Were there any nonexempt transactions with any party-in-Interest reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If this is an individual account plan, was there a blackout period? (If this is an individual account plan, was there a blackout period? (If the plan have any participant loans?) | tions withi coluntary F ? (Do not fidelity bor er persons e or all of | n the time period iduciary Correction include transactions and, that was caused by an insurance the benefits under ind.) | 10a 10b 10c 10d 10e 10f | Yes | X X X X | | ne instru | | mount | - |
| Part 10 a b c d e f g h | Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program). Were there any nonexempt transactions with any party-in-Interest reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as | tions within columnary F ? (Do not fidelity bound fidelity fideli | n the time period iduciary Correction include transactions and, that was caused so by an insurance the benefits under include | 10a 10b 10c 10d | Yes | No X X X X X | N/A | | A | 7 | 00,0 |
| Part 10 a b c d e f g h i | During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program). Were there any nonexempt transactions with any party-in-Interest reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. Did the plan trust incur unrelated business taxable income? | fidelity book er personse or all of sof year e See instru e required -3 | n the time period Iduciary Correction Include transactions Include trans | 10a 10b 10c 10d 10e 10f 10g | Yes | X X X X | N/A | ne instru | A | 7 | 00,0 |
| Part 10 a b c d e f g h i | During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program). Were there any nonexempt transactions with any party-in-Interest reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?. Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.). If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Did the plan trust incur unrelated business taxable income? | fidelity book of year escriptions | n the time period iduciary Correction include Iransactions and, that was caused by an insurance the benefits under include inc | 10a 10b 10c 10d 10e 10f 10g 10h 10i | Yes | X X X X X | N/A | | A | 7 | 00,0 |
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| Part 10 a b c d e f g h i | During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program). Were there any nonexempt transactions with any party-in-Interest reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?. Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.). If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Did the plan trust incur unrelated business taxable income? | fidelity booker personse or all of sof year escriptions. | n the time period iduciary Correction include transactions and, that was caused by an insurance the benefits under include or one of the incitions and 29 CFR incitions are instructions as | 10a 10b 10c 10d 10e 10f 10g 10h 10i 10j | Yes X | X X X X X X X | N/A | | A | 7 | 00,0 |

| | Form 5500-SF 2015 Page 3 - | | | | | |
|--------------|--|---|-----------|---------------------------------------|-------------|-------------------|
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in | | _ | | | ing |
| af. | granting the waiver | | Day | | Year | |
| | Enter the minimum required contribution for this plan year | | 12b | | | |
| | | | 12c | | | |
| | Enter the amount contributed by the employer to the plan for this plan year | | 120 | | | |
| | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) | | 12d | | | |
| 8 | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No | N/A |
| Par | Plan Terminations and Transfers of Assets | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | -, | | X Yes | ☐ No | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | 0 |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC? | | ontrol | | Yes 🛚 I | No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.) | | , | | | |
| | 13c(1) Name of plan(s): | 13c(2) | EIN(s) | | 13c(3) P | N(s) |
| | | | | | | , . |
| | | | | | | |
| | VIII. Trust Information | L., | | | | |
| emercaristic | Name of trust | | 14b ⊤ | rust's EIN | | |
| | | | | | | |
| 140 | Name of trustee or custodian | | 14d | Trustee's | or custodia | ın'e |
| | Trains of tradical of contraction | | – | elephone | | |
| | | | | | | |
| Par | IRS Compliance Questions | | , | | | |
| 15a | Is the plan a 401(k) plan? | *************************************** | Yes | 3 | No | |
| 15b | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | | ba ba | sign- sed safe rbor ethod | ADP test | /ACP |
| 15c | If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))? | 101(m)- | Yes | š | No | |
| 16a | Check the box to indicate the method used by the plan to satisfy the coverage requirements under section | | Ra pe | rcentage | | rage efit test |
| 16b | Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by corr this plan with any other plans under the permissive aggregation rules? | | Yes | S | ∏ No | |
| 17a | Has the plan been timely amended for all required tax law changes? | | Yes | 3 | Na | □ N/A |
| | for tax law changes and codes). | Enter the ap | | · · · · · · · · · · · · · · · · · · · | _(See insti | |
| 17c | If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plantable advisory letter, enter the date of that favorable letter and prototype (M&P) and the letter's serial number of the plantable plantable and the letter's serial number of the plantable plan | | t to a fa | vorable IR | S opinian | or |
| 17d | If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter | ALCOHOL: CALLED MANAGEMENT | the plan | 's last fav | orable | |
| 18 | Is the Pian maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin | | Yes | | □No | |
| 19 | Were in-service distributions made during the plan year? | | Yes | 3 | ☐ No | |
| | If "Yes," enter amount | | 19 | | | |
| 20 | Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)? | hether or not | Yes | 3 | ∏ No | □ N/A |

EFAST2 Filing Authorization for the 2015 Form 5500

Name of Plan: Errol M. Rudman Profit Sharing and 401(K) Plan

EIN / PN: 13-3412592 / 003

Plan Year Ending: 12/31/2015

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.

Much M 5ate: 10/14/16

Plan Administrator