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

| Pa | art I Annual Repor | t Identification Information | 1 | | | |
|------|----------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|-------------------|
| For | calendar plan year 2015 or | fiscal plan year beginning 01/01/ | 2016 and ending 04 | 4/30/2016 | | |
| Α - | This return/report is for: | a single-employer plan | a multiple-employer plan (not multiemployer) list of participating employer information in ac | • | - | |
| | | a one-participant plan | a foreign plan | | | |
| Вт | his return/report is | the first return/report | the final return/report | (1) | | |
| _ | | an amended return/report | X a short plan year return/report (less than 12 m | onths) | | |
| C | Check box if filing under: | Form 5558 | automatic extension | | DFVC prog | ram |
| Do | wt II Basis Blan Inf | special extension (enter desc | . , | | | |
| _ | | ormation—enter all requested in | nformation | 141 - | | |
| | Name of plan | | | 1b Thre | • | |
| ERR | OL M. RUDMAN PROFIT S | HARING AND 401(K) PLAN | | pian (PN | number | 003 |
| | | | | 1c Effe | ctive date of | f plan 1/1999 |
| | | loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0 | O. Box) | 2b Emp (EIN | • | fication Number |
| RUDN | City or town, state or proving AN CAPITAL MANAGEME | 2c Sponsor's telephone number 212-521-5160 | | | | |
| | | | | 2d Busi | ness code (| see instructions) |
| | TH AVE FL20 YORK, NY 10019-4108 | | | | 5239 | 900 |
| 20 | Diam administratoria access | | | 2b A des | :-: | -INI |
| Ja | Plan administrator's name a | and address XSame as Plan Spon | SOI. | 3D Adm | inistrator's I | EIIN |
| | | | | 3c Adm | inistrator's t | elephone number |
| | | | | | | |
| | | | | | | |
| 4 | | he plan sponsor has changed since umber from the last return/report. | the last return/report filed for this plan, enter the | 4b EIN | | |
| а | Sponsor's name | | | 4c PN | 1 | |
| | | 0 0 1 7 | | 5a | | 5 |
| | · | ' ' | Charles and the Caralla and Caralla and the ca | 5b | | 0 |
| С | • • | | the plan year (defined benefit plans do not | 5c | | 0 |
| • | • | | lan year | 5d(1) | | 5 |
| | | | ear | 5d(2) | | 0 |
| | than 100% vested | | e plan year with accrued benefits that were less | 5e | | 0 |
| Cau | tion: A penalty for the late | or incomplete filing of this retur | n/report will be assessed unless reasonable cau | use is esta | blished. | |

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.

| SIGN | 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 r | r) Preparer's telephone number | |
| | | | |

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

| 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 independendendendendendendendendendendendende | dent qualified public a ons.) m 5500-SF and mus | ccount | ant (IQ | PA) Form | 5500. | X Yes N |
| C If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance pr | ogram (see ERISA se | ction 4 | 021)? . | | Yes | No Not determined |
| Part III Financial Information | , , | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginning | of Ye | ar | | | (b) End of Year |
| a Total plan assets | . 7a | | 6533 | 3755 | | | 0 |
| b Total plan liabilities | 7b | | 0500 | 755 | | | |
| C Net plan assets (subtract line 7b from line 7a) | 7c | | 6533 | 3755 | | | 0 |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: | | (a) Amou | ınt | | | | (b) Total |
| (1) Employers | 8a(1) | | | | | | |
| (2) Participants | 8a(2) | | | | | | |
| (3) Others (including rollovers) | . 8a(3) | | | | | | |
| b Other income (loss) | 8b | | -664 | 026 | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | -664026 |
| Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 5862 | 2002 | | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | | 7 | 727 | | | |
| g Other expenses | 8g | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 5869729 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | -6533755 |
| j Transfers to (from) the plan (see instructions) | 8j | | | | | | |
| Part IV Plan Characteristics | | | | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3B | feature coo | les from the List of Plant | an Cha | racteris | stic Co | des in th | e instructions: |
| B If the plan provides welfare benefits, enter the applicable welfare for | eature code | se from the List of Pla | n Char | actorist | ic Coc | les in the | instructions: |
| and plain provides wellare seriones, other the applicable wellare in | cataro coac | o nom the Elet of Flat | T Onarc | 20101101 | 10 000 | 100 111 1110 | motradiono. |
| Part V Compliance Questions | | | | | | | |
| 10 During the plan year: | | | | Yes | No | N/A | Amount |
| Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) | 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? | | | 10c | X | | | 70000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's 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 | ner persons ne or all of t | by an insurance he benefits under | | | ~ | | |
| the plan? (See instructions.) | | | 10e | | X | | |
| f Has the plan failed to provide any benefit when due under the pla | | | 10f | | Χ | | |
| g Did the plan have any participant loans? (If "Yes," enter amount a | • | , | 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 | he required | notice or one of the | 10i | | | | |
| j Did the plan trust incur unrelated business taxable income? | | | 10j | | | | |
| Part VI Pension Funding Compliance | | | , | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | |
| 11a Enter the unpaid minimum required contribution for all years from | | | | | | 11a | |
| 12 Is this a defined contribution plan subject to the minimum funding | | | | | | 302 of ER | RISA? Yes X N |

| | 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_ | | Toal | |
| b | Enter th | ne minimum required contribution for this plan year | | 12b | | | |
| С | Enter th | ne amount contributed by the employer to the plan for this plan year | | 12c | | | |
| | 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 | | | 163 | NO | IN/A |
| | | resolution to terminate the plan been adopted in any plan year? | | | X Ye | s \square No | |
| | | ," 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 durin | PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi | | | | <u> </u> | |
| | | assets or liabilities were transferred. (See instructions.) lame of plan(s): | 13c(2) | FIN(e) | | 13c(3) F | PN(e) |
| | 100(1) | uno oi piuntoj. | 130(2) | L114(3) | | 130(3) | · v (3) |
| | | | | | | | |
| Dant | | Turnet hafe amount on | | | | | |
| Part | Name o | Trust Information | | 14h 1 | Γrust's Ell | N | |
| ı T a | Name 0 | ii iiust | | 140 | iusi s Lii | 14 | |
| | | | | | | | |
| 14c | Name | of trustee or custodian | | | | s or custodia e number | an's |
| | | | | | tolophon | o mambon | |
| Par | t IX | IRS Compliance Questions | | | | | |
| 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 | | | | | ethod | | |
| 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 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k) | | Ye | S | No | |
| | 2(a)(2) | (ii))? | | □ Ra | atio | | |
| 16a | Check | the box to indicate the method used by the plan to satisfy the coverage requirements under section | on 410(b): | | ercentage | | erage efit test |
| 16b | | he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin 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 | | t 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 | \$ | No | |
| 19 | Were in | 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 |

Form 5500-SF

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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

| Pension Benefit Guaranty Corporation | ► Complete all entries in ac | ccordan | ce with the | instru | ctions to the Form 5 | 500-SF. | <u> </u> | |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------|---------------------------------|-------------------|----------------------------------------------------|------------------------|-------------------------------------|--------------------------------------|
| | Identification Information | | | | | | | |
| For calendar plan year 2015 or fi | | | 1/2016 | | and ending | | 04/30/201 | |
| A This return/report is for: | a single-employer plan | a mu list o | iltiple-emplo f participatir | yer pla ng emp | in (not multiemployer) ployer information in ac | (Filers ccordan | checking this b ce with the form | ox must attach a n instructions) |
| | a one-participant plan | afore | eign plan | | | | | |
| B This return/report is | □ | | nal return/re | | formant floors those 4.2 mg | ontha) | | |
| C Check box if filing under: | | | | | /report (less than 12 m | ioriurs) | □ DFVC prog | ram |
| Check box it ming brider. | Form 5558 special extension (enter descrip | ш | matic extens | SICIT | | | ☐ DEAC biog | 12111 |
| Part I Basic Plan Info | ormation—enter all requested info | formation | | | | | | |
| 1a Name of plan | FIT SHARING AND 401(K) | - | I | | | ! | Three-digit plan number (PN) | 003 |
| | | | | | | 1c | Effective date o | |
| Mailing address (include rec | oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. |). Box) | | | | | Employer Identi (EIN) 13-34 | fication Number 12592 |
| City or town, state or proving Rudman Capital Manag | ce, country, and ZIP or foreign posta gement LLC | al code (if | foreign, see | e instru | uctions) | | Sponsor's telep (212) 521- | |
| | | | | | | 2d ! | | (see instructions) |
| 712 5TH AVE FL20 | | | | MV | 10019-4108 | | | |
| New York | and address XSame as Plan Sponso | | | INI | 10019-4100 | 3h | Administrator's | FIN |
| | | | | | | | | telephone number |
| name, EIN, and the plan nu | ne plan sponsor has changed since the umber from the last return/report. | the last re | eturn/report | filed fo | or this plan, enter the | 4b | | |
| a Sponsor's name | | | | | | 4c | | |
| 5a Total number of participant | is at the beginning of the plan year | | | | | | | |
| | ts at the end of the plan year n account balances as of the end of the | | | | | . 5t | | (|
| | articipants at the beginning of the pla | | | | | 5d(| | |
| | participants at the end of the plan year | | | | | 5d(| . : | (|
| than 100% vested | at terminated employment during the | | | | | . 5e | | (|
| Caution: A penalty for the late | or incomplete filing of this return | n/report v | vill be asse | ssed | uniess reasonable ca | use is | established. | |
| Under penalties of perjury and of SB or Schedule MB completed : belief, it is true, correct, and con | other penalties set forth in the instruct and signed by an enrolled actuary, as mplete. | ctions, I de as well as | eclare that i the electror | have nic ven | examined this return/repo | eport, in rt, and t | o the best of m | cable, a Schedule y knowledge and |
| SIGN //// | MueMIN | | 10/14/ | 16 | ERROL RUDMAN | | | |
| HERE Signature of plan | administrator | / | <u>Sate</u> | | Enter name of individ | dual sig | ning as plan ad | ministrator |
| SIGN // | Muelm | M | [0]14] | 16 | ERROL RUDMAN | | | |
| Signature of empl | loyer/plan sponsor name, if applicable) and address (inc | | Date om or suite r | numbe | Enter name of individ | | ning as employ arer's telephone | |
| | | | | | | | | |

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| 6a Were all of the plan's assets during the plan year invested in eligib b 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 cannot be a second or second | an indepe and condi not use Fo | endent qualified public itions.) | accour | ntant (I | QPA) s Fon | m 5500. | | |
| C If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance (| program (see ERISA s | ection | 4021)? | | Yes | No Not deter | mined |
| Part III Financial Information | Access of the second | : e | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginnir | | | | | (b) End of Year | |
| a Total plan assets | 7a | <u> </u> | 6,53 | 33,75 | 5 | | | |
| b Total plan liabilities | 7b | : | | | | | | |
| Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year. | 7c | | | 3,75 | 55 | | | |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: | | (a) Amo | unt | · | 16100 | MAY SET SEE | (b) Total | on the second |
| (1) Employers | 8a(1) | | | | 10.2 | in in the same of | | |
| (2) Participants | 8a(2) | | | | IIIP)) | 1895 | | DESTRUCTION OF THE PARTY OF THE |
| (3) Others (including rollovers) | 8a(3) | | | | 120 | | | 152 |
| b Other income (loss) | 8b | | -66 | 4,02 | 6 | | era Katanpia Siriki | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | | _ | | 1 14 10 10 10 10 10 10 10 10 10 10 10 10 10 | | 64,02 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits). | 8d | | - Land | 2,00 | 150 | | A STATE OF THE STA | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | 3,00 | 2,00 | | | THE REPORT OF THE PROPERTY OF | |
| f Administrative service providers (salaries, fees, commissions) | 8f | | | 7,72 | 7 | | | Hill A g |
| g Other expenses | 8g | | | ., | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | A VILLE | Kitan | 2027 (B) (C) | | 69,729 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | 1 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 | | / · · · · · · · · · · · · · · · · · · · | 50.00 Fig. 1 | | | 33,755 |
| j Transfers to (from) the plan (see instructions) | 81 | en nya harenga en glad ola 1940-1943 generalisa <u>en e</u> n | it the feets | <u>Magida Gri</u> | ľ. | 50eri (2004) | Blid is Programme and | |
| Part IV Plan Characteristics | - У | <u></u> | | | 6 (23) | | | |
| B If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | ın Char | acteris | tic Co | des in ti | he instructions: | |
| Part V Compliance Questions | - | | | | | | | |
| 10 During the plan year: a Was there a failure to transmit to the plan any participant contribute. | | | · · · · · | Yes | No | N/A | Amount | |
| 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) | oluntary F | iduciary Correction | 10a | | х | 5 1 2 X | | |
| b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | ? (Do not i | nclude transactions | 10b | | х | F (5) | | |
| C Was the plan covered by a fidelity bond? | | ****** | 10c | Х | | | 70 | 00,000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | Х | | | |
| e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides somethe plan? (See instructions.) | e or all of i | the henefits under | 10e | | X | 1.4.3 | | |
| f Has the plan failed to provide any benefit when due under the plan | 1? | | 10f | | X | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as | | | 171 | | Δ | 接触さな形式 | | |
| | | nd.) | 400 | | | 99 27 24 3 1-3 3 3 3 3 3 | | |
| h If this is an individual account plan, was there a blackout period? (3 2520.101-3.) | of year e | ctions and 20 CED | 10g | | Х | | | Si spile |
| if 10h was answered "Yes," check the box if you either provided the | of year e See instru | ctions and 29 CFR | 10h | | | | | |
| i if 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 j Did the plan trust incur unrelated business taxable income? | s of year e See instru e required | ctions and 29 CFR | | | Х | | | |
| i if 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 j Did the plan trust incur unrelated business taxable income? Part VI Pension Funding Compliance | of year e See instru e required | notice or one of the | 10h 10l 10j | | X | | | |
| i if 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 j Did the plan trust incur unrelated business taxable income? Part VI: Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) | s of year e See instru e required -3 | notice or one of the | 10h 10l 10j | | XX | | (5 | No |
| i if 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 j Did the plan trust incur unrelated business taxable income? Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement. | s of year e See instru e required -3 | res," see instructions a | 10h 10l 10j | | X | 11a | (Form Yes | |

| | Form 5500-SF 2015 Page 3 - | · | | T | | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|-------------------------------------------|-------------|----------------------|-------------|
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | <u> </u> | 7 (le e 1 e | 4 | |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins | TOTAL T | nter th Day | e date (| Year | ter rulin | ig . |
| lf y | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | 13. | 406 | 1 | | • | |
| b | Enter the minimum required contribution for this plan year | | 12b | | | | |
| C F | 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 (enter a minus sign to the I negative amount) | eft of a | 12d | <u> </u> | | | |
| e | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No. | <u> </u> | N/A |
| Dari ! | Plan Terminations and Transfers of Assets | | | | | | |
| | Has a resolution to terminate the plan been adopted in any plan year? | | | X \ | Yes 🗌 | No | |
| 104 | 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 brought the PBGC? | ght under the co | ntrol | | Ye | s 🛛 N | lo |
| 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.) | fy the plan(s) to | | | | | |
| 1 | 3c(1) Name of plan(s): | 13c(2) | EIN(s | | 1; | 3c(3) PI | N(s) |
| <u>.</u> | | | | | | | |
| Part | Yill Trust Information | | | | | | |
| 14a | Name of trust | • | 140 | Trust's | EIN | | |
| 14c | Name of trustee or custodian | | 140 | Truste teleph | ee's or d | | n's |
| Par | IRS Compliance Questions | | | | | | |
| 15a | Is the plan a 401(k) plan? | | <u> </u> | res | l | No | |
| | b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | | | Design- based safe harbor method | | ADP/ACP test | |
| 15c | If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))? | 401(11)- | | Yes | | ∏ No | |
| 16a | Check the box to indicate the method used by the plan to satisfy the coverage requirements under sec | | 1 1 1 | Ratio percent test | age | Average benefit test | |
| 16E | Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by countries the plan with any other plans under the permissive aggregation rules? | mbining | _ | Yes | | No | |
| | Has the plan been timely amended for all required tax law changes? | ********** | 1 - | Yes | | No | □ N/A |
| | for tay law changes and codes). | Enter the a | | | ` | | tructions |
| | the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plants and the letter's serial representations and the letter's serial representations. | umber | | | | | or |
| 170 | I If the plan is an individually-designed plan and received a favorable determination letter from the IRS, | | f the p | oian's la | st favora | ible | |
| 18 | Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virg | 2) has been in Islands)? | 12 | Yes | | No | |
| 19 | Were in-service distributions made during the plan year? | | | Yes | | No | |
| | If "Yes," enter amount | | 19 | | | | |
| 20 | Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of retired), as required under section 401(a)(9)? | wnether ar not | | Yes | | No | ∏ N/A |

EFAST2 Filing Authorization for the 2016 Form 5500

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

EIN / PN: 13-3412592 / 003

Plan Year Ending: 12/31/2016

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.

MWelm 80 Stre: 10/14/16

Plan Administrator: