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

2015

This Form is Open to Public Inspection

Parti	Annual Report	identification information	11			
For calenda	ar plan year 2015 or fis	scal plan year beginning 01/01	/2015	and ending 1	2/31/2015	
		x a single-employer plan	a multiple-employer	plan (not multiemployer)	(Filers checking	this box must attach a
A This ret	turn/report is for:		list of participating	employer information in a	ccordance with th	e form instructions)
		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/repor	t		
	a,.opoo	an amended return/report	☐ a short plan vear ret	urn/report (less than 12 m	nonths)	
C Charle	h if filing					
C Check i	box if filing under:	X Form 5558	automatic extension	1	∐ DFVC	program
		special extension (enter desc	' '			
Part II	•	rmation—enter all requested in	nformation		1	
1a Name	•				1b Three-dig	
ERROL M. I	RUDMAN DEFINED B	ENEFIT PLAN AND TRUST001			plan numb (PN) ▶	001
					1c Effective of	
						01/01/1984
		yer, if for a single-employer plan)			2b Employer	Identification Number
		m, apt., suite no. and street, or P. e, country, and ZIP or foreign pos		structions)	(EIN)	13-3412592
	APITAL MANAGEMEN		, and code (ii foreign, coe iii	011 40110110)		s telephone number 212-521-5160
					_	code (see instructions)
712 5TH AVE					Zu Business (oode (oce mondonono)
NEW YORK,	, NY 10019-4108					523900
3a Plan a	dministrator's name ar	nd address Same as Plan Spor	nsor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
4 If the r	name and/or EIN of the	e plan sponsor has changed since	e the last return/report filed	d for this plan, enter the	4b EIN	
	•	mber from the last return/report.			40. 50	
	or's name				4c PN	12
		at the beginning of the plan year				9
		at the end of the plan year			. 30	9
		account balances as of the end o		•	5c	
•	*	rticipants at the beginning of the p			5d(1)	2
		rticipants at the end of the plan ye			= 1/a\	1
e Numb	per of participants that	terminated employment during th	e plan year with accrued b	penefits that were less	5e	0
than Caution: A	100% vested	or incomplete filing of this retu	rn/ranart will be assess	d unless reasonable ca	-	
		her penalties set forth in the instru				
SB or Sche	edule MB completed ar	nd signed by an enrolled actuary,				
	true, correct, and comp		40/44/2042	EDDOL SUBMA		
CICN	IFILED with authorized/	valid electronic signature.	10/14/2016	ERROL RUDMAN		
SIGN HERE				_		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual signing as pla	an administrator
SIGN	Signature of plan a		Date 10/14/2016	Enter name of individ	dual signing as pla	an administrator
SIGN HERE	Signature of plan a Filed with authorized/ Signature of emplo	dministrator valid electronic signature.	10/14/2016 Date	ERROL RUDMAN Enter name of individ		nployer or plan sponsor

For	m 5500-SF 2015		Page 2							
b Are you claunder 29 0	f the plan's assets during the plan year invested in eligibation and report of the annual examination and report of CFR 2520.104-46? (See instructions on waiver eligibility wered "No" to either line 6a or line 6b, the plan canr	an indepe and condit	ndent qualified public a	ccount	ant (IQ	PA)				No No
-	s a defined benefit plan, is it covered under the PBGC in							No	Not determined	b
	nancial Information	·								
L .	s and Liabilities		(a) Beginning	n of Ye	ar			(b) End o	f Year	_
	assets	. 7a	(a) Degiiiiiii	2072				(b) Liid 0	1435556	
	iabilities									
C Net plan a	ssets (subtract line 7b from line 7a)			2072	2446				1435556	
	penses, and Transfers for this Plan Year		(a) Amou	unt				(b) To	tal	
	ns received or receivable from: yers	. 8a(1)	, ,					` ,		
(2) Partici	pants	. 8a(2)								
(3) Others	(including rollovers)	. 8a(3)								
b Other inco	me (loss)	. 8b		95	714					
	ne (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							95714	
	aid (including direct rollovers and insurance premiums benefits)	. 8d		704	692					
	emed and/or corrective distributions (see instructions)	. 8e								
	tive service providers (salaries, fees, commissions)			27	912					
	enses	. 8g								
h Total expe	nses (add lines 8d, 8e, 8f, and 8g)								732604	
i Net income	e (loss) (subtract line 8h from line 8c)	. 8i							-636890	
j Transfers	o (from) the plan (see instructions)	8j								
Part IV F	Plan Characteristics									
	provides welfare benefits, enter the applicable welfare functions	feature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in the	instructio	ns:	
10 During th	e plan year:				Yes	No	N/A		Amount	
describe	e a failure to transmit to the plan any participant contribud in 29 CFR 2510.3-102? (See instructions and DOL's \	Voluntary F	Fiduciary Correction	10a		X				
	re any nonexempt transactions with any party-in-interes on line 10a.)			10b		X				
c Was the	plan covered by a fidelity bond?			10c	X				7000	000
•	an have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		X				
carrier, in	refees or commissions paid to any brokers, agents, or ot surance service, or other organization that provides son (See instructions.)	ne or all of	the benefits under	10e		X				
	plan failed to provide any benefit when due under the pla			10f		X				
g Did the p	an have any participant loans? (If "Yes," enter amount a	as of year o	end.)	10g		Χ				
h If this is a	in individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X				
i If 10h wa	s answered "Yes," check the box if you either provided to to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						
j Did the p	lan trust incur unrelated business taxable income?			10j						
	nsion Funding Compliance									
5500) and	efined benefit plan subject to minimum funding requiren	······			········				X Yes	No
11a Enter the	unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			0
12 Is this a	defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction 3	302 of EF	RISA?	Yes X	No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	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 inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	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			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		a 11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	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(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage 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	Has the	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		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of the l		t to a fa	vorable II	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		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 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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

				, i iic u	o un uttuoi	innent to i eim e	000 01	0000 01 .			
For	calendar	plan year 2015	5 or fiscal plan y	ear beginning	01/01/201	5		and end	ing 12/3	1/2015	
•	Round of	f amounts to	nearest dollar.								
<u> </u>	Caution:	A penalty of \$	1,000 will be ass	sessed for late filing	g of this rep	oort unless reasor	nable ca	use is establish	ed.	,	
	lame of p							B Three-di	git		
ER	ROL M. F	RUDMAN DEF	INED BENEFIT	PLAN AND TRUS	Т001			plan nun	nber (PN)	•	001
C	Plan enone	or's name as	shown on line 2	a of Form 5500 or s	5500-SE			D Employer	Identificat	ion Number (E	=INI\
	•		GEMENT, LLC	a 011 01111 3300 01 3	3300-31			Lilipioyei	13-3412		-114)
			,						10 0412	-002	
Εī	ype of pla	n: X Single	Multiple-A	Multiple-B		F Prior year plan	size:	100 or fewer	101-5	00 More th	nan 500
Pa	art I	Basic Infori	mation		•						
1	Enter th	e valuation dat	e:	Month	Day0	1 Year <u>20</u>)15	_			
2	Assets:										
	a Marke	t value							2a		2072446
	b Actua	rial value							2b		2072446
3	Funding	target/particip	ant count break	down			` '	Number of rticipants	,	ted Funding	(3) Total Funding Target
	a For re	tired narticinar	nts and hanaficis	aries receiving payı	ment		Pul	6	<u>!</u>	arget 1021803	1021803
	_			017		_		4		220647	
						<u> </u>		4			220647
								2		390434	390434
						•		12		1632884	1632884
4	If the pla	an is in at-risk	status, check the	e box and complete	e lines (a) a	and (b)					
	a Fundi	ng target disre	garding prescrib	oed at-risk assumpt	tions				4a		
				umptions, but disreconsecutive years a					4b		
5				·······					5		6.34%
6	Target r	ormal cost							6		5000
Stat	ement by	Enrolled Act	uary						•		
	accordance v	ith applicable law a	and regulations. In m	y opinion, each other assi							ed assumption was applied in and such other assumptions, in
	combination,	offer my best estim	ate of anticipated ex	perience under the plan.							_
	IGN										
Н	ERE									10/05/20	016
			Signa	ture of actuary						Date	
JOH	IN LIN,E.	A.,A.S.A.,M.A.								14-073	99
			Type or pr	rint name of actuary	У				Most re	ecent enrollme	ent number
CHI	ERNOFF	DIAMOND & C	O., LLC							516-247	7-3435
725	DVD DI /	ZA - EAST TO		Firm name				Т	elephone	number (inclu	ding area code)
		NY 11556	DWEK								
			Add	ress of the firm				_			
If the	actuary h	as not fully ref	lected any requ	lation or ruling pron	nulgated ur	nder the statute in	comple	eting this sched	ule, check	the box and s	ee \square
	actuary r	ao not fully fel	loolog arry rogu	lation of ruling profit	aigatoa ui	nasi ino siaidie III	. Joinple	Jang and Joneth	410, OHOOK	and box and s	

Page	2	_

Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding	Balances							
								(a) (Carryover balance)	(b) F	Prefund	ing balance
7		-	•		cable adjustments (line 1	•				0			0
8			•	-	unding requirement (line					0			0
9	Amoun	t remaini	ng (line 7 minus lir	ne 8)						0			0
10	Interes	t on line 9	ousing prior year's	actual retu	urn of%					0			0
11	Prior ye	ear's exc	ess contributions to	be added	to prefunding balance:								
	a Pres	ent value	of excess contribu	utions (line	38a from prior year)								0
					a over line 38b from price interest rate of <u>6.55</u> %								0
	b(2) Ir	nterest or	n line 38b from prio	or year Sch	edule SB, using prior ye	ar's actual							0
													0
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding ba	alance	•						0
	d Porti	ion of (c)	to be added to pre	funding ba	lance								
12	Other r	eductions	s in balances due t	o elections	or deemed elections								
13	Balanc	e at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line	12)				0			0
P	art III	Fun	ding Percenta	iges									
14	Fundin	g target a	attainment percent	age								14	126.91 %
15	Adjuste	ed funding	g target attainment	percentag	e							15	126.91 %
16					of determining whether							16	104.09 %
17	If the c	urrent val	ue of the assets o	f the plan is	s less than 70 percent of	the funding ta	rget, e	enter s	uch percentage			17	%
	art IV		tributions and		-								
18					ear by employer(s) and e	- i - i		-			1 .	` ` `	
(M	(a) Dat IM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) (MM-DI	Date D-YYY	Y)	(b) Amount p employer		(int paid by loyees
						Totals ▶	,	18(b)		0	18(c)		0
19	Discou	nted emp	loyer contributions	– see inst	ructions for small plan w	ith a valuation	date	after th	ne beginning of th	e year:			
	a Cont	tributions	allocated toward u	ınpaid mini	mum required contribution	ons from prior	years			19a			
	b Cont	ributions	made to avoid res	trictions ad	justed to valuation date.					19b			
	C Cont	ributions a	allocated toward mi	nimum requ	uired contribution for curre	nt year adjuste	d to va	aluation	date	19c			0
20		•	outions and liquidit	•									
	a Did t	the plan h	nave a "funding sh	ortfall" for t	he prior year?								Yes X No
	b If line	e 20a is "	Yes," were require	d quarterly	installments for the curr	ent year made	e in a t	timely	manner?			[Yes No
	C If line	e 20a is "	Yes," see instruction	ons and co	mplete the following tabl								
		(1) 1:	et I		Liquidity shortfall as of (2) 2nd	of end of quart	er of th		-			(4) 4t	h
		(1) 18	οι		(<i>L</i>) ZIIU			(3)	3rd			(4) 41	II.

Pa	rt V Assumpt	ions Used to Determine	Funding Target and Target	t Normal Cost				
21	Discount rate:							
	a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yield	d curve	e used
	b Applicable month	h (enter code)			21b			0
22	Weighted average	retirement age			22			62
23				scribed - separate	Substitut	e		
Do		· <u> </u>		· ·				
		neous Items						
24	J	•	tuarial assumptions for the current			· · -	d Yes	X No
25			lan year? If "Yes," see instructions			_	Yes	X No
				0 0 1		_	1	
26			Participants? If "Yes," see instruc		attachment.	X	Yes	No
27		•	ter applicable code and see instruc	0 0	27			
Da			um Required Contribution		1			
28		•	years		28			0
			d unpaid minimum required contrib					0
29			u unpaid minimum required contrib	' '	29			
30	Remaining amount	of unpaid minimum required co	ntributions (line 28 minus line 29)		30			0
Pa	rt VIII Minimu	n Required Contribution	For Current Year		I			
31		t and excess assets (see instruc						
<u> </u>					31a			5000
	_				31b			
22	Amortization install		line 31a		-	Installs	nont	5000
32				Outstanding Bala		Installr	nent	
					0			0
					0			0
33	If a waiver has bee (Month		nter the date of the ruling letter gran) and the waived amount		33			
34	Total funding requi	rement before reflecting carryov	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34			0
			Carryover balance	Prefunding bala	nce	Total ba	lance	
35	Balances elected for	or use to offset funding						
			0		0			0
36	Additional cash rec	juirement (line 34 minus line 35)			36			0
37			ontribution for current year adjuste		37			0
38	,	cess contributions for current y			<u> </u>			
		•			38a			0
			prefunding and funding standard c		38b			
39			rear (excess, if any, of line 36 over		39			0
					40			0
40		· · · · · · · · · · · · · · · · · · ·	S					0
			Pension Relief Act of 2010	(See instructions)			
41	If an election was n	nade to use PRA 2010 funding r	elief for this plan:					
	a Schedule elected	l			<u> </u>	2 plus 7 years	15 y	years
	b Eligible plan year	r(s) for which the election in line	41a was made		2008	3 2009 201	0	2011
42	Amount of accelera	tion adjustment			42			
	Farmer Sectofferent	acceleration amount to be carrie	ad over to future plan veers		43			

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).

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

	▶ File as an atta	achment to Form 55	00 or 5500-SF.			
For calendar plan year 2015 or fiscal pla	ın year beginning	01/01/2015	and endir	ng	12/31	/2015
▶ Round off amounts to nearest doll						
Caution: A penalty of \$1.000 will be	assessed for late filing of this r	report unless reasona	ble cause is establishe	d.		
A Name of plan			B Three-dig	it	22	
ERROL M. RUDMAN DEFINED	BENEFIT PLAN AND	TRUST	plan numi	ber (PN)	>	001
C Plan sponsor's name as shown on lin	e 2a of Form 5500 or 5500-SF	į	D Employer I	dentificatio	n Number (El	N)
RUDMAN CAPITAL MANAGEMEN			13-3412			,
E Type of plan: ☐ Single ☐ Multiple-	-A Multiple-B	F Prior year plan :	size: X 100 or fewer	101-500	More tha	n 500
Part I Basic Information						
1 Enter the valuation date:	Month1 Day	1 Year 2	015	1810-181	1	
2 Assets:						
a Market value				2a		2,072,446
b Actuarial value				2b		2,072,446
3 Funding target/participant count bro			(1) Number of	(2) Veste	d Funding	(3) Total Funding
		97	participants	Tar		Target
a For retired participants and bene	ficiaries receiving payment		6	1,	021,803	1,021,803
b For terminated vested participan	ts		4		220,647	220,647
C For active participants			2		390,434	390,434
d Total			12	1,	632,884	1,632,884
4 If the plan is in at-risk status, check			П			Haragon California
a Funding target disregarding pres				4a		
b Funding target reflecting at-risk a				4b	15	20 000
	ve consecutive years and disre					
5 Effective interest rate				5		6.34 %
6 Target normal cost				6		5,000
Statement by Enrolled Actuary		121 1205 10 80 81		ne 9 .	. 200	
To the best of my knowledge, the information su accordance with applicable law and regulations.	In my opinion, each other assumption is	ig schedules, statements and reasonable (taking into acco	attachments, if any, is completed the experience of the plan	ete and accura and reasonab	te. Each prescribe le expectations) ai	d assumption was applied in nd such other assumptions. in
combination, offer my best estimate of anticipate	d experience under the plan.					
SIGN			1	116	-///	
HERE				$\frac{3}{5}$	1/10	
	ignature of actuary				Date	
JOHN LIN, E.A., A.S.A., M.A					14-0739	
Type of CHERNOFF DIAMOND & CO.,	or print name of actuary				cent enrollme	
CHERNOTE DIAMOND & CO.,					16) 247-	
725 RXR Plaza - East Tow	Firm name		10	elephone n	umber (includ	ing area code)
,25 MM FIAZA - EAST IOW	⊕±					
Uniondale	NY	11556				
	Address of the firm					
If the actuary has not fully reflected any r	egulation or ruling promulgated	d under the statute in	completing this schedu	ule. check t	he box and se	ее

Page	2	-	

Pa	rt II	Begin	ning of Year	Carryove	er and Prefunding B	alances	0200	2000.00		5.000.000.00			
				-	0		(a) Ca	arryover balance		(b) F	refundi	ng balar	се
7	35				able adjustments (line 13 f				0				0
8			•		nding requirement (line 35				0				0
9									0				0
10					rn of%				0				0
11					to prefunding balance:				U	latigat territori			0
	950				to pretunding balance: 38a from prior year)						la de la composición		0
	b(1) in	nterest or	the excess. if any	y. of line 38	a over line 38b from prior year)	/ear				iii.			
					edule SB. using prior year's	- 0						111 111	0
	r	eturn											0
	C Total	available	at beginning of cur	rent plan ye	ar to add to prefunding balar	nce							0
	d Porti	on of (c)	to be added to pre	funding bal	ance								
12	Other r	eductions	s in balances due t	to elections	or deemed elections			A STATE OF THE STA					
			***************************************	-	line 10 + line 11d – line 12				0				0
	art III	0	ding Percenta		20-04 V 1000000 30 30000 00000000 00000000 000000				1000				
											14	126	91 %
15			target attainment				-				15		91 %
	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduc										100000		- III
	current	year's fu	nding requirement	t	-						16	104.	.09 %
17	If the c	urrent val	ue of the assets o	f the plan is	less than 70 percent of th	e funding tar	get. enter su	ich percentage			17		%
Pa	art IV	Con	tributions and	d Liquidi	ty Shortfalls						18		
18			ade to the plan for	the plan ye	ear by employer(s) and em	ployees:							
(N/	(a) Da ^a IM-DD-Y	te YYY)	(b) Amount pa employer((c) Amount paid by employees	(a) D (MM-DD		(b) Amount paid employer(s)	l by	(0		unt paid l loyees	ру
(10	IIVI-DD-1	111)	Cimployer	(3)	cmployees	(WINVI-DD	1111)	ciripioyer(s)	1	,,,,,,,,,,,	СПР	loyees	
						-							
	-20												
											1000		
								Alleman Company of the Company of th					
100						Totals ▶	18(b)		0	18(c)			0
19	Discou	nted emp	lover contributions	s – see inst	ructions for small plan with	a valuation		e beginning of the	/ear:				2000
					mum required contribution				19a				
	b Cont	ributions	made to avoid res	trictions ad	justed to valuation date			-	19b				
					ired contribution for current			_	19c		***************************************		0
20			outions and liquidit			,							
		(5)	3		he prior year?				L			Yes	X No
					installments for the currer							Yes	∏ No
			\$80	, ,	mplete the following table	*	15		Γ				
	- 11 1111				Liquidity shortfall as of	(21)(10)		n year					
		(1) 1:	st		(2) 2nd		(3)				(4) 4	th	
											2000		

Pa	art V Assumptions Used to Determine	Funding Target and Targe	t Normal Cost			,		
21	Discount rate:							
	a Segment rates: 1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A. ful	l yield c	urve	used
	b Applicable month (enter code)			21b			6.91129	0
22	Weighted average retirement age			22				62
23	Mortality table(s) (see instructions)	escribed - combined X Pres	cribed - separate	Substitute	9			
Pa	rt VI Miscellaneous Items			1100				
24	Has a change been made in the non-prescribed act attachment.		AND AND THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPER				es/	X No
25	Has a method change been made for the current pl	an year? If "Yes." see instructions	regarding required attacl	nment		Т	es/	X No
26	Is the plan required to provide a Schedule of Active	Participants? If "Yes." see instruc	ions regarding required a	attachment.		X Y	es/	No
27	If the plan is subject to alternative funding rules. en attachment			27				
Pa	ert VII Reconciliation of Unpaid Minimu							
28	Unpaid minimum required contributions for all prior	years		28			: !	0
29	Discounted employer contributions allocated toward (line 19a)			29				
30	Remaining amount of unpaid minimum required con	ntributions (line 28 minus line 29)		30		19		0
Pa	rt VIII Minimum Required Contribution	For Current Year						
31	Target normal cost and excess assets (see instruction	tions):						
	a Target normal cost (line 6)			31a				5,000
	${f b}$ Excess assets. if applicable, but not greater than	line 31a		31b				5,000
32	Amortization installments:		Outstanding Bala	nce	Ir	stallme	nt	
	a Net shortfall amortization installment			0				0
	b Waiver amortization installment			0				0
33	If a waiver has been approved for this plan year. er (Month Day Year	nter the date of the ruling letter gran		33				
34	Total funding requirement before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34		9.68	10 (1)	0
		Carryover balance	Prefunding balar	ice	То	tal balar	nce	
35	Balances elected for use to offset funding requirement	0		0				0
36	Additional cash requirement (line 34 minus line 35)			36				0
37	Contributions allocated toward minimum required c (line 19c)			37			- 52	0
38	Present value of excess contributions for current ye	ear (see instructions)						
	a Total (excess. if any. of line 37 over line 36)			38a				0
	b Portion included in line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				
39	Unpaid minimum required contribution for current y	ear (excess. if any. of line 36 over	ine 37)	39				0
40	Unpaid minimum required contributions for all years	s		40				0
Pa	rt IX Pension Funding Relief Under	Pension Relief Act of 2010	(See Instructions)					
41	If an election was made to use PRA 2010 funding r	elief for this plan:		- Andrews				- Holina
	a Schedule elected			П	2 plus 7 yea	rs	15	years
	b Eligible plan year(s) for which the election in line	41a was made		2008	3 2009	2010	П	2011
42	Amount of acceleration adjustment			42				
43	Excess installment acceleration amount to be carrie	ed over to future plan years		43	2000 - 20 - 30 - 30 - 30 - 30 - 30 - 30	M/OE	25 %	

EIN: 13-3412592 PN: 001

2015 FORM 5500 – SCHEDULE SB, LINE 22- DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Participants are assumed to retire at age 62.

EIN: 13-3412592 PN: 001

2015 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: 4.72%
Second Segment: 6.11%
Third Segment: 6.81%
Look Back Month None
Effective Interest Rate 6.34%

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

EIN: 13-3412592 PN: 001

2015 FORM 5500 – SCHEDULE SB, PART V – SUMMARY OF PRINCIPAL PLAN PROVISIONS

1. Effective Date

January 1, 1984.

2. <u>Eligibility</u>

One year of service and attainment of age 21.

3. Normal Retirement

Effective December 31, 2008: Attainment of Participant's 62nd birthday. Prior to January 1, 2009: Attainment of Participant's 55th birthday or 5th anniversary of joining plan if later.

4. <u>Early Retirement</u>

Attainment of Participant's fifty-fifth (55th) birthday, and 5 years of service with the Employer.

5. Retirement Benefits

a. Normal

Average Monthly Compensation x 5% x total number of Years of Service (up to 20 years).

Benefits are frozen as of December 30, 2002.

b. Early

Actuarial Equivalent of Accrued Benefit payable at his Normal Retirement Date.

c. Death

- (a) The death benefit provided under this Plan shall be the "minimum spouse's death benefit". In the case of an unmarried Participant or unmarried Former Participant who dies prior to his Retirement Date, no death benefits shall be payable under this Plan.
- (b) For the purposed of this Section, the "minimum spouse's death benefit" means a death benefit for a Vested married Participant payable in the form of a Pre-Retirement Survivor annuity. Such annuity payments shall be equal to the amount which would be payable as a survivor annuity under the joint and survivor annuity provisions of the Plan if:

ERROL M. RUDMAN

DEFINED BENEFIT PLAN AND TRUST

EIN: 13-3412592 PN: 001

2015 FORM 5500 – SCHEDULE SB, PART V – SUMMARY OF PRINCIPAL PLAN PROVISIONS

1. Effective Date

January 1, 1984.

2. <u>Eligibility</u>

One year of service and attainment of age 21.

3. Normal Retirement

Effective December 31, 2008: Attainment of Participant's 62nd birthday. Prior to January 1, 2009: Attainment of Participant's 55th birthday or 5th anniversary of joining plan if later.

4. <u>Early Retirement</u>

Attainment of Participant's fifty-fifth (55th) birthday, and 5 years of service with the Employer.

5. Retirement Benefits

a. <u>Normal</u>

Average Monthly Compensation x 5% x total number of Years of Service (up to 20 years).

Benefits are frozen as of December 30, 2002.

b. Early

Actuarial Equivalent of Accrued Benefit payable at his Normal Retirement Date.

c. Death

- (a) The death benefit provided under this Plan shall be the "minimum spouse's death benefit". In the case of an unmarried Participant or unmarried Former Participant who dies prior to his Retirement Date, no death benefits shall be payable under this Plan.
- (b) For the purposed of this Section, the "minimum spouse's death benefit" means a death benefit for a Vested married Participant payable in the form of a Pre-Retirement Survivor annuity. Such annuity payments shall be equal to the amount which would be payable as a survivor annuity under the joint and survivor annuity provisions of the Plan if:

EIN: 13-3412592 PN: 001

2015 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.

EIN: 13-3412592 PN: 001

2015 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

2015 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	0	0	0	0	0	0	0	
40 to 44	0	0	0	0	1	0	0	0	0	0	1	
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	

OMB Nos. 1210-0110

1210-0089

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).

2015

This Form is Open to

Public Inspection

Pension Benefit Guaranty Corporation	▶ Complete all entries in	accordance with the instructions to the Form 5	5500-SF.	1 abilo mopodani
	Identification Information			
For calendar plan year 2015 or fi		01/01/2015 and ending		/31/2015
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a		
	a one-participant plan	a foreign plan		
B This return/report is	the first return/report	the final return/report		
	an amended return/report	a short plan year return/report (less than 12 m	nonths)	
C Check box if filing under:	☑ Form 5558	automatic extension	[] [DFVC program
	special extension (enter desc			
	ormation—enter all requested in	nformation	4h Theo	
1a Name of plan ERROL M. RUDMAN DEFI	NED BENEFIT PLAN ANI	D TRUSTO01		number
			(PN)	 , 1 , 7 , 7 , 7 , 7 , 7 , 7 , 7 , 7 , 7
			. I	ctive date of plan '01/1984
2a Plan sponsor's name (emplo Mailing address (include root		loyer Identification Number		
			<u> </u>) 13-3412592
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RUDMAN CAPITAL MANAGEMENT, LLC				nsor's telephone number .2) 521-5160
				ness code (see instructions)
712 5TH AVE FL 20			523	3900
NEW YORK		NY 10019-4108		
			<u> </u>	
	e plan sponsor has changed since mber from the last return/report.	e the last retum/report filed for this plan, enter the	4b EIN	
	of the heginning of the plan year			12
· •			`` 	9
C Number of participants with	account balances as of the end of	f the plan year (defined benefit plans do not	5.0	
		plan year		2
d(2) Total number of active participants at the end of the plan year				1
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested				0
Caution: A penalty for the late	or incomplete filing of this retur	rn/report will be assessed unless reasonable ca	use is estat	blished.
Under penalties of perjury and of	her penalties set forth in the instru	uctions, I declare that I have examined this return/re as well as the electronic version of this return/repo	eport, includir	ng, if applicable, a Schedule
belief, it is true correct, and com	piete.	- Into the		•
SIGN V V V V V	Vigueur	2 101416 ERROL RUDMAN		
Signature of plan a	idministrator /	4 11/1/20 11/1/1	dual signing a	as plan administrator
SIGN HERE Signature of emplo	VILLED ODODOG	/		
	name, if applicable) and address (i	include room or suite number)		as employer or plan sponsor stelephone number
· · · · · · · · · · · · · · · · · · ·		,	\ \ \	

	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 indep and conc	endent qualified public litions.)	c accou	ntant (I	QPA)				X Ye			
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	program (see ERISA	section	4021)?		X Yes	∏ No		ot dete	mined		
Pa	rt III Financial Information									-, -	-		
<u>7</u>	Plan Assets and Liabilities	į	(a) Beginni	ing of Y	ear			(b) E	nd of	Year	, , .		
_ <u>a</u>	Total plan assets	7a		2,0	72,44	16				1,4	35,55		
<u>b</u> _	Total plan liabilities	. 7b											
_	Net plan assets (subtract line 7b from line 7a)	7c	·	2.0	72,44	6	6 1,435,5						
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		1977	(b) Total							
	(1) Employers	. 8a(1)											
	(2) Participants	8a(2)				60.620 907.50	Continue Con						
	(3) Others (including rollovers)	Ba(3)				650		10 M.Q.	HAR.				
<u> </u>	Other income (loss)	8b		9	95,71	4	4.677	4. 7	A MEN		ALZO ON		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c									95,71		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)					100	1 1991 (SV)				Hallin S.		
	Certain deemed and/or corrective distributions (see instructions)	8d 8e		704,69		2		72.0					
	Administrative service providers (salaries, fees, commissions)	8f		27,912		2 選		70 1 6%		2 (2 A) 5 (2 B) (4			
	Other expenses	8g		21,91.									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						iHGra2P	Signition.	<u>MASER</u> 7	32 607		
g			The state of the s			-				732,604			
g h						··`							
g h i	Net income (loss) (subtract line 8h from line 8c)	81						NIMBORY	da da	-6-	36,890		
ghij	Net income (loss) (subtract line 8h from line 8c)	81 8j	of so from the List of E	Blon Ch.							36,890		
g h i j Par 9a B	Net income (loss) (subtract line 8h from line 8c)	8I 8j feature co								is:	36,890		
h i j Par 9a B	Net income (loss) (subtract line 8h from line 8c)	8I 8j feature co								is:	36,890		
g h i j Par 9a B Part	Net income (loss) (subtract line 8h from line 8c)	8I 8j feature co	des from the List of Pl						uctions	is:	36,890		
g h i j Par 9a B Part 10	Net income (loss) (subtract line 8h from line 8c)	8I 8j feature codeature code tions within oluntary F	des from the List of Pl n the time period iduciary Correction		acteris	tic Co	des in t		uctions	ns:	36,890		
g h i j Par 9a B Part 10	Net income (loss) (subtract line 8h from line 8c)	8I 8j feature code eature code tions within the column of the code in the code	n the time period iduciary Correction	an Char	acteris	No	des in t		uctions	ns:	36,890		
g h i j Par 9a B Part 10	Net income (loss) (subtract line 8h from line 8c)	8I 8j feature code eature code tions within the column of the code in the code	n the time period iduciary Correction	an Char	Yes	No X	des in t		uctions	ns:			
Part 10 a	Net income (loss) (subtract line 8h from line 8c). Transfers to (from) the plan (see instructions). IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 1A 3B 1I 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 for the plan participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram). 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 the plan by fraud or dishonesty?	81 8j feature continues within oluntary F (Do not	n the time period iduciary Correction include transactions	an Char	acteris	No X	des in t		uctions	ns:			
Part 10 a	Net income (loss) (subtract line 8h from line 8c)	feature contains with oluntary F	n the time period iduciary Correction include transactions and, that was caused as by an insurance	10a 10b 10c	Yes	No X	des in t		uctions	ns:	00,000		
Part 10 a b c d	Net income (loss) (subtract line 8h from line 8c). Transfers to (from) the plan (see instructions). IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 1A 3B 1I 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 for the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vibrogram). 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 for the plan have a loss, whether or not reimbursed by the plan's for the plan have a loss, whether or not reimbursed by the plan's for the plan fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	81 8j feature contions within oluntary F (Do not fidelity both or all of	n the time period iduciary Correction include transactions and, that was caused by an insurance the benefits under	10a 10b 10c 10d	Yes	No X X	des in t		uctions	ns:			
Part 10 a b c d	Net income (loss) (subtract line 8h from line 8c)	feature contains within oluntary Fidelity both er personal or all of	n the time period iduciary Correction include transactions and, that was caused as by an insurance the benefits under	10a 10b 10c 10d	Yes	No X X X X	des in t		uctions	ns:			
g h i j Par 9a B Part 10 a b c d f g	Net income (loss) (subtract line 8h from line 8c)	feature continues with oluntary F (Do not fidelity both or all of of year e	in the time period iduciary Correction include transactions and, that was caused as by an insurance the benefits under ind.)	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X	des in t		uctions	ns:			
g h i j Par 9a B Part 10 a b c d f g	Net income (loss) (subtract line 8h from line 8c)	feature continues within a column state of year engagement of year engagement of the column state of year engagement of year en	in the time period iduciary Correction include transactions and, that was caused as by an insurance the benefits under the bene	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X	des in t		Ar	nount 7(00,000		
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Form 5500-SF 2015 Page 3 -	•					
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	······································		<u> </u>			
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	enter th Day	e date of t	he letter ru Year	uling	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		,				
b Enter the minimum required contribution for this plan year	12b					
C Enter the amount contributed by the employer to the plan for this plan year						
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						
Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part VIII 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 employer this year		. 13a		- 		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?				Yes 🛚	No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plan(s) to)				
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part VIII Trust Information						
14a Name of trust		14h 1	rust's EIN	!		
		140	iusts Ein			
14c Name of trustee or custodian			14d Trustee's or custodian's telephone number			
Pa市以 IRS Compliance Questions			<u>.</u>		· · · · · · · · · · · · · · · · · · ·	
15a is the plan a 401(k) plan?	Sa Is the plan a 401(k) plan?					
15b 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 Al harbor te			
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?				□No		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				entage Average benefit		
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				□No		
17a Has the plan been timely amended for all required tax law changes?		Yes	\$	No	□ N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap	•		(See inst		
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plant advisory letter, enter the date of that favorable letter and the letter's serial number of the letter's ser	ımber				or	
 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, edetermination letter 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA position, 1992/3/2) 		the plan	's last fav	orable		
				Yes No		
9 Were in-service distributions made during the plan year?				Yes No		
If "Yes," enter amount		19				
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		No	□ N/A	

EFAST2 Filing Authorization for the 2015 Form 5500

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

EIN / PN: 13-3412592 / 001

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.

Mwell Date: 10/14/16