Form 5500-SF Department of the Treasury Internal Revenue Service			Return/Report o Benefit Plan	eport of Small Employee					
		This form is required to be file	e	2013					
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				This Form is Open to Public			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 55						Ins	spection		
Part I	Annual Report Id	entification Information							
For calend	ar plan year 2013 or fisca		13	and ending 0	6/30/2	014			
A This re	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan		
B This re	turn/report is:	the first return/report	the final return/report						
	[an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am		
		special extension (enter descripti	on)						
Part II	Basic Plan Inform	nation—enter all requested inform	nation						
1a Name	•				1b	Three-digit			
THE SHEFA	SCHOOL 401(K) PLAN					plan number (PN) ▶	001		
					1c	Effective date of			
							/2013		
	ponsor's name and addre	ess; include room or suite number (employer, if for a single-	employer plan)	2b		fication Number		
					2c	Sponsor's telep	hone number		
215 W. 91S NEW YORK	T STREET, APT. 73 X, NY 10024				2d		-361-5590 de (see instructions)		
						611000			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor I	Name Same as Plan	Sponsor Address	3b	Administrator's	EIN		
					0		telephone number		
4 If the	name and/or EIN of the n	lan sponsor has changed since the	last raturn/roport filed fo	or this plan, optor the	46				
name		er from the last return/report.	last return/report med to	i inis pian, enter the	4b 4c				
		the beginning of the plan year			5a				
b Total	number of participants at	the end of the plan year	an year				3		
		count balances as of the end of the			· 5b 3				
comp	lete this item)		· · · · ·	•	5c		3		
	•	uring the plan year invested in eligil	•	,			X Yes No		
		e annual examination and report of See instructions on waiver eligibility					🗙 Yes 🗌 No		
		er line 6a or line 6b, the plan can							
c If the	plan is a defined benefit p	blan, is it covered under the PBGC i	nsurance program (see	ERISA section 4021)? .		Yes No	Not determined		
Coution	A nonality for the late or	incomplete filing of this return/re	nort will be accessed				-		
Under pen SB or Sche	alties of perjury and other	r penalties set forth in the instructior signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/rep	oort, in	cluding, if applic			
SIGN	Filed with authorized/va	lid electronic signature.							
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator		
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sin	ning as employe	er or plan sponsor		
	name (including firm nan	ne, if applicable) and address; inclue					number (optional)		
PLANNED RETIREMENT CONSULTANTS AND ADMINISTRATORS P.O. BOX 5126						201-44	7-6010		
RIDGEWO	OD, NJ 07451-5126								

Pa	rt III Financial Information		-							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) Enc	d of Y	ear	
а	Total plan assets	. 7a		0			23859			i.
b	Total plan liabilities	7b		0					0	
С	Net plan assets (subtract line 7b from line 7a)	7c		0					23859	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					Total		
а	Contributions received or receivable from:		2385	h						
	(1) Employers	8a(1)		9 0						
	(2) Participants									
	Other income (loss)	8b		0	-					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				23859	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		D						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							C)
i	Net income (loss) (subtract line 8h from line 8c)	8i							23859	1
j	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acterist	ic Co	des in	the instru	ctions	:	
	2A 2E 2F 2J 2K									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristic	: Cod	es in tl	ne instruc	tions:		
Dor	Part V Compliance Questions									
10					Yes	No		A 1000		
<u> </u>	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		103			AIII	ount	
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported					х				
	on line 10a.)			10b		Х				
c	, , ,			10c		~				
d		•	-	10d		x				
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			Tou						
C	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			х				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period?	•				X				
— i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h						
	exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
5500) and line 11a below)										
	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a									
12	Is this a defined contribution plan subject to the minimum funding			or sec	tion 3	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.			tion -	on -1 -	nter "	o dete - f	th - '	++'	ina
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.					nter th Day	ie uate of	the le Yea		<u>g</u>
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.							
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	12c							
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).	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A					
Part	Part VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	s 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 under the of the PBGC?	control		Yes X No					
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
1	3c(1) Name of plan(s): 1:	3c(2) EIN	(s)	13c(3) PN(s)					
Part	VIII Trust Information (optional)								
14a	Name of trust	14b Trust's EIN							

Form 5500-SF	Short Form Annual Ret	urn/Report of	Small Employ	ee		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be filed u	nefit Plan	d 4065 of the Employee		2	013		
Department of Labor Employee Benefits Security Administration	 Retirement Income Security Act of 1 	974 (ERISA), and se Revenue Code (the C	ction 6057(b) and 6058(a	a) of		s Open to Public spection		
Pension Benefit Guaranty Corporation	 Complete all entries in accordation 	nce with the instruc	tions to the Form 5500	-SF.				
Part I Annual Report	Identification Information	07/01/0012	and ending	06	/30/2014			
For calendar plan year 2013 or fis		07/01/2013		C	a one-particip			
A This return/report is for:			an (not multiemployer)	L	Ja une-particip			
B This return/report is:	A the hist state of the state o	e final return/report						
		short plan year returr Itomatic extension	n/report (less than 12 mo	muns) F	DFVC progra	m		
C Check box if filing under:		L						
	special extension (enter description)							
Part II Basic Plan Info	rmation enter all requested informa	ation		1h 3	Three-digit			
1a Name of plan					plan number			
The Shefa School 40)1(k) Plan				PN) ►	001		
					Effective date o 07/01/2013	rpian		
	dress; include room or suite number (em	plover if for a single-	employer plan)			fication Number		
2a Plan sponsor's name and ac Friends of the Shet	fa School	pioyor, in ter a emigre			EIN) 46-27			
				2c :	hone number			
215 W. 91st Street	Apt 73				(646) 361-			
ZIJ W. JISC SCLEEC					611000	(see instructions)		
US New York	NY 10024	Laws Camp on F	Nan Sponsor Address	3b	Administrator's	EIN		
3a Plan administrator's name a	nd address X Same as Plan Sponsor		an oponisor Address					
			i	3c Administrator's telephone number				
4 If the name and/or EIN of th	e plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b EIN				
name, EIN, and the plan nu	mber from the last return/report.			4c	PN			
a Sponsor's name				5a	T	0		
5a Total number of participants	at the beginning of the plan year at the end of the plan year	***************************************	***************************************	5b		3		
 b Total number of participants b Number of participants with 	account balances as of the end of the pla	n year (defined bene	fit plans do not			3		
complete this item)		***************************************		<u>5c</u>				
6a Were all of the plan's assets	s during the plan year invested in eligible	assets? (See instruct	ions.)		*******			
b Are you claiming a waiver o	of the annual examination and report of an	independent qualifie	d public accountant (IQF	-A)		X Yes No		
under 29 CFR 2520.104-46	? (See instructions on waiver eligibility an ither line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use I			-		
If you answered "No" to e	after line of or line of, the plan cannot effect and the plan, is it covered under the PBGC inside	urance program (see	ERISA section 4021)?	[Yes 🗌 N	o 🔲 Not determined		
c If the plan is a defined bene	sit plan, is it covered under the Peee and		unloss reasonable cal	ise is (established.			
	e or Incomplete filing of this return/repo other penalties set forth in the instructions					cable, a Schedule		
Under penalties of perjury and (other penalties set forth in the instructions and signed by an enrolled actuary, as we	I as the electronic ve	rsion of this return/repor	t, and t	o the best of m	y knowledge and		
belief, it is true, correct, and cor	mplete.							
SIGN ANC PUSC	y liked	4/13/15	Ilana Ruskay-Ki					
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator					inistrator			
SIGN MM L	Kim Viala Juli 9/13/15 Ilana Ruskav-Kidd							
HERE Signature of employer/stan sponsor Date Enter name of individual signing as employer of planet						or plan sponsor		
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)					arers telephon 201) 447-6			
	Planned Retirement Consultants					010		
and Administrators								
P.O. Box 5126								
	NJ 07451-5126							
US Ridgewood	t Notice and OMB Control Numbers, se	e the instructions f	or Form 5500-SF.			Form 5500-SF (2013)		
For Paperwork Reduction Ac	a Notice and UNID Control Numbers, se					v.130118		

Pa	rt III Financial Information						(b) End of Ye	
7	Plan Assets and Liabilities	1.0	(a) Beginning of Year					
а	Total plan assets	7a		0				23,859
b	Total plan liabilities	7b		0				23,859
С	Net plan assets (subtract line 7b from line 7a)	7c		0			(b) Total	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					
а	Contributions received or receivable from:	8a(1)	23,85	9	≤ 2	÷		
	(1) Employers	8a(2)		0				
	(2) Participants	8a(3)		0				20022
	(3) Others (including rollovers) Other income (loss)	8b		0	1800		Pre-15	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						23,859
c d	Benefits paid (including direct rollovers and insurance premiums			-				
u	to provide benefits)	8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				0
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						23,859
i	Net income (loss) (subtract line 8h from line 8c)	8i						20,009
i	Transfers to (from) the plan (see instructions)	8j		0				
Pa	art IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fea	ature code	es from the List of Plan Characte	ristic	Code	s in the	e instructions:	
	2a 2e 2f 2j 2k							·····
h	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Character	istic (Codes	in the	instructions:	
D	art V Compliance Questions							
10	During the plan year:				Yes	No	Am	iount
10	We there a failure to transmit to the plan any participant contribut	ions within	the time period described in	40-		x		
	29 CER 2510.3-102? (See instructions and DOL's Voluntary Flouciary Correction Flogran)							
t	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
	Was the plan covered by a fidelity bond?		*****	10c		x		
	Did the plan have a loss whether or not reimbursed by the plan's f	fidelity bo	nd, that was caused by fraud		{			
	or dishonesty?	*************	***************************************	10d		X		
•	Were any fees or commissions paid to any brokers, agents, or oth	er person	s by an insurance carrier,					
	insurance service, or other organization that provides some or all o instructions.)	of the ben	ems under the plant (See	10e		x		
				10f		x		
1	Has the plan failed to provide any benefit when due under the plan		************	400		x		
	J Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		- A		
I	If this is an individual account plan, was there a blackout period? (See instru	uctions and 29 CFR	10h		x		
	2520.101-3.)		d notice or one of the	1		[
i	If 10h was answered "Yes," check the box if you either provided th	1-3		10i				
	exceptions to providing the notice applied under 29 CFR 2520.101-3							
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes X No								
1	Is this a defined benefit plan subject to minimum runding requirem 5500) and line 11a below)							Yes X No
4	a Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a		
	11a Enter the unpaid minimum required contribution for current year from occessive cost (som cost) 12 13 14 15 15 16 17 18 18 19 19 19 11 12 12 13 14 15 16 17 18 18 19 12 19 10 11 12 12 13 14 15 16 17 18 18 19 19 10 10 10 10 10 11 12 13 14 15 16 17 18							
		as applic	cable.)			1		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling Day Year							
	oranting the waiver							
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.			12b		
	b Enter the minimum required contribution for this plan year			*******		160		

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	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 left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets		es X	No
13a	Has a resolution to terminate the plan been adopted in any plan year?		es 🗵	
	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 under the co of the PBGC?			Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
	13c(1) Name of plan(s):	c(2) EIN	(s)	13c(3) PN(s)
	Truct Information (ontional)			

Part VIII Trust Information (optional)	14b Trust's EIN
14a Name of trust	• • • • • • • • • • • • • • • • • • • •