## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit 82ND STREET ACADEMICS 401(K) PROFIT SHARING PLAN TRUST plan number (PN) ▶ 001 1c Effective date of plan 01/01/2011 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number 82ND STREET ACADEMICS (EIN) 20-0788352 Sponsor's telephone number 718-457-0429 81-10 35TH AVENUE JACKSON HEIGHTS, NY 11372 Business code (see instructions) 812990 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year ...... 5a 52 Total number of participants at the end of the plan year..... 5b 48 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 13 complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 52 d(2) Total number of active participants at the end of the plan year..... 5d(2) 42 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 t	true, correct, and complete.					
SIGIN	Filed with authorized/valid electronic signature.					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor			
Preparer's	reparer's name (including firm name, if applicable) and address (include room or suite num		r) (optional)	Preparer's telephone number (optional)		

	Form 5500-SF 2014		Page <b>2</b>								
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable with th	an indeper and conditi	ndent qualified public accounta	nt (IC	PA)				X Ye	_	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No	N	ot det	ermin	ied
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) En	d of	Year		
<u>a</u>	Total plan assets	7a	476						62	2980	
	Total plan liabilities	7b		0	_					0	
	Net plan assets (subtract line 7b from line 7a)	7c	476	667					62	2980	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tota	al		
	Contributions received or receivable from: (1) Employers	8a(1)		0							
	(2) Participants	8a(2)	136	61							
	(3) Others (including rollovers)			0							
b	Other income (loss)	8b	27	'35							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							16	5396	
	Benefits paid (including direct rollovers and insurance premiums	0.1	7	<b>'</b> 97							
	o provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8d	,	0							
	Administrative service providers (salaries, fees, commissions)	8e 8f	2	286							
	Other expenses	8g		0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								1083	
	Net income (loss) (subtract line 8h from line 8c)	8i							15	5313	
	Transfers to (from) the plan (see instructions)	8j		0							
Par 9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D	feature co	des from the List of Plan Chara	acteri	stic Co	des in	the instr	uctio	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	tic Coc	les in t	he instru	ction	s:		
Part						NI-	1				
10	During the plan year:	tiono within	s the time period described in		Yes	No		Aı	nount		
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)		•	10a		Χ					0
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					0
С	Was the plan covered by a fidelity bond?			10c		X					0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					0
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X						183
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					0
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10q	X						2203
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h	X						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i		X					
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υe	es X	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?		Υe	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day			letter ear	ruling	<b>!</b>

	Form 5500-SF 2014	Page <b>3</b> - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection** 

Part I	Annual Report	Identification Information	1/1/2014 and er	ding	12/31/2014	
For calendar	plan year 2014 or f	iscal plan year beginning	17 17 20 14			
A This retur	rn/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiple) a foreign plan	employer)		
			the final return/report			
B This return	n/report is	the first return/report	a short plan year return/report (less	than 12 months)	) c	
		an amended return/report	La snort plan year return report (less	, , , , , , , , , , , , , , , , , , , ,		
C Check be	ox if filing under:	Form 5558	automatic extension		DFVC program	m
Check be	ox ir ming andon	special extension (enter desc	ription)			
5 (11	Desig Dien Inf	ormation—enter all requested in	formation			
Part II		Offilation—enter an requested in		1b	Three-digit	
1a Name o	of plan	cs 401(k) Profit Sharing Plar	Trust		plan number (PN)	001
02Hu	Street Academi	03 40 I(II) I Tolli Grisining		1c	Effective date of	plan
					1/1/2	
2a Plan sp	oonsor's name and a	address; include room or suite numb	per (employer, if for a single-employer pl	an) 2b	Employer Identif	fication Number 00788352
82nd St	reet Academics			2c	Sponsor's telep	
81-10 38	5th Avenue				71845	
	11 2 14	NY		2d	Business code (	PARTICIPATION CONTRACTOR (MAIN)
Jackson 11372	Heights	IN I	y			990
3a Plan ac	dministrator's name	and address Same as Plan Spor	nsor.	3b	Administrator's	EIN
4 If the r	name and/or EIN of	u	the best field for this plan	enter the 4h	) EIN	
		the plan sponsor has changed sinc	e the last return/report filed for this plan,	Cittor tile	2.114	
	, EIN, and the plan i	number from the last return/report.	e the last return/report filed for this plant,		: PN	
a Spons	, EIN, and the plan i	number from the last return/report.		40		52
5a Total	, EIN, and the plan i or's name number of participar	number from the last return/report.  nts at the beginning of the plan year		40	: PN	52 48
5a Total	, EIN, and the plan in or's name number of participal number of participal number of participal verses at a partic	number from the last return/report.  Ints at the beginning of the plan year  Ints at the end of the plan year	of the plan year (defined benefit plans do	9 not	: PN 5a	
b Total c	, EIN, and the plan in or's name number of participar number of participar per of participants with this item.	number from the last return/report.  Ints at the beginning of the plan year  Ints at the end of the plan year  Ith account balances as of the end of	of the plan year (defined benefit plans do	4c	: PN 5a 5b 5c	48
b Total in Complete d(1) Total	, EIN, and the plan in or's name number of participal number of participal per of participal with the this item)	number from the last return/report.  Ints at the beginning of the plan year  Ints at the end of the plan year  Ith account balances as of the end of the plan year  Participants at the beginning of the	of the plan year (defined benefit plans do	0 not 50	5a 5b 5c d(1)	48 13 52
5a Total i b Total i c Numb compl d(1) Tot	EIN, and the plan in or's name number of participar number of participar or participants with the test has been determined in the plan in	number from the last return/report.  Into at the beginning of the plan year  Into at the end of the plan year  Ith account balances as of the end of  participants at the beginning of the  participants at the end of the plan year  participants at the end of the plan year  at terminated employment during the	of the plan year (defined benefit plans do plan year /eare plan year with accrued benefits that we	50 not 50	: PN 5a 5b 5c	48 13
5a Total is b Total is c Numb compl d(1) Tot d(2) Tot e Numbe	EIN, and the plan in or's name number of participar number of participar or participants with the test in the plan in the test in the plan in the test in the plan	number from the last return/report.  Into at the beginning of the plan year  Into at the end of the plan year  Ith account balances as of the end of  participants at the beginning of the  participants at the end of the plan year  at terminated employment during the	of the plan year (defined benefit plans do plan year /eare plan year with accrued benefits that we	50 not 50 mot 50	5a   5b   5c   d(1)   d(2)   5e	48 13 52 42
5a Total in b Total in c Number complete d(1) Total in d(2) Total in complete the complete d(2) Total in complete the comp	EIN, and the plan in or's name number of participal number of participal per of participal per of participants with the plan in the plan i	number from the last return/report.  Into at the beginning of the plan year  Into at the end of the plan year  Into account balances as of the end of the plan year  Into account balances as of the end of the plan year  Into participants at the beginning of the plan year  Into participants at the end of the plan year  Into terminated employment during the plan year te	of the plan year (defined benefit plans do plan year /eare plan year with accrued benefits that we	5 onot 5 ore	5a   5b   5c   d(1)   d(2)   5e   is established.	48 13 52 42 0 cable, a Schedule
5a Total in b Total in c Number complete d(1) Total in d(2) Total in e Number less the Caution: A Under pen SB or Schelief, it is	EIN, and the plan is or's name number of participal number of participal per of participal tet this item) tal number of active tal number of active er of participants the nam 100% vested	number from the last return/report.  Into at the beginning of the plan year  Into at the end of the plan year  Into account balances as of the end of the plan year  Into account balances as of the end of the plan year  Into participants at the beginning of the plan year  Into participants at the end of the plan year  Into terminated employment during the plan year te	plan year (defined benefit plans do	5 onot 5 ore	5a   5b   5c   d(1)   d(2)   5e   is established.	48 13 52 42 0 cable, a Schedule
5a Total in b Total in c Number complete d(1) Total in d(2) Total in complete the c	, EIN, and the plan in or's name number of participar number of participar per of participants where this item)	number from the last return/report.  Ints at the beginning of the plan year  Ints at the end of the plan year  Inth account balances as of the end of the plan year participants at the beginning of the participants at the end of the plan year terminated employment during the last terminated employment during the distinct of the penalties set forth in the instead and signed by an enrolled actuary of plate.	plan year (defined benefit plans do plan year/  plan year/  pe plan year with accrued benefits that we curn/report will be assessed unless reaructions, I declare that I have examined to as well as the electronic version of this	o not  somable cause this return/report, return/report, and the cause of the cause	5a   5b   5c   d(1)   d(2)   5e   is established.	48 13 52 42 0 cable, a Schedule y knowledge and
5a Total in b Total in complete d(1) Total in complete d(2) Total in complete d(2) Total in complete description in complete d	, EIN, and the plan in or's name number of participar number of participar per of participants where this item)	number from the last return/report.  Into at the beginning of the plan year  Into at the end of the plan year  Into account balances as of the end of the plan year  Into account balances as of the end of the plan year  Into participants at the beginning of the plan year  Into participants at the end of the plan year  Into terminated employment during the plan year te	plan year (defined benefit plans do plan year	o not  sere  sonable cause this return/report, a return/report, and ame of individual	5b 5c d(1) d(2) 5e is established. including, if applied to the best of m  Signing as plan action.	48 13 52 42 0 cable, a Schedule y knowledge and
5a Total I b Total I c Numb compl d(1) Tot e Numbe less th Caution: Under pen SB or Sch belief, it is SIGN HERE	EIN, and the plan is or's name number of participar number of participar or of participar or of participants where this item)	number from the last return/report.  Into at the beginning of the plan year  Into at the end of the plan year  Into account balances as of the end of the plan year participants at the beginning of the participants at the end of the plan year terminated employment during the difference of incomplete filing of this return and signed by an enrolled actuary omplete.	plan year (defined benefit plans do plan year	o not  somable cause this return/report, return/report, and ame of individual	5b 5c d(1) d(2) 5e is established. including, if applied to the best of more signing as plan actions as a signing as employed.	48 13 52 42 0 cable, a Schedule y knowledge and
5a Total I b Total I c Number completed (1) Total I d (2) Total I e Number less the	EIN, and the plan is or's name number of participar number of participar or of participar or of participants where this item)	number from the last return/report.  Into at the beginning of the plan year  Into at the end of the plan year  Into account balances as of the end of the plan year participants at the beginning of the participants at the end of the plan year terminated employment during the difference of incomplete filing of this return and signed by an enrolled actuary omplete.	plan year (defined benefit plans do plan year	o not  somable cause this return/report, return/report, and ame of individual	5b 5c d(1) d(2) 5e is established. including, if applied to the best of more signing as plan actions as a signing as employed.	48 13 52 42 0 cable, a Schedule y knowledge and
5a Total I b Total I c Number completed (1) Total I d (2) Total I e Number less the	EIN, and the plan is or's name number of participar number of participar or of participar or of participants where this item)	number from the last return/report.  Into at the beginning of the plan year  Into at the end of the plan year  Into account balances as of the end of the plan year participants at the beginning of the participants at the end of the plan year terminated employment during the difference of incomplete filing of this return and signed by an enrolled actuary omplete.	plan year (defined benefit plans do plan year	o not  somable cause this return/report, return/report, and ame of individual	5b 5c d(1) d(2) 5e is established. including, if applied to the best of more signing as plan actions as a signing as employed.	48 13 52 42 0 cable, a Schedule y knowledge and