## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**HERE** 

SIGN **HERE** 

## **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 06/30/2015 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 first return/report the final return/report **B** This return/report is 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) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit THE SHEFA SCHOOL 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 07/01/2013 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number FRIENDS OF THE SHEFA SCHOOL 46-2703101 (EIN) Sponsor's telephone number 646-361-5590 180 AMSTERDAM AVENUE NEW YORK, NY 10023 Business code (see instructions) 611000 **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. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year ..... 5a 3 **b** Total number of participants at the end of the plan year..... 5b 16 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 8 complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 3 d(2) Total number of active participants at the end of the plan year..... 5d(2) 16 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 true, correct, and complete Filed with authorized/valid electronic signature **SIGN** 

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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 assets? (See instructions.)					X Yes [	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 Not determine	ed
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year	
<u>a</u>	Total plan assets	7a	238				71592	
	Total plan liabilities	7b		0	_		0	
	Net plan assets (subtract line 7b from line 7a)	7c	238	359			71592	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)	27154					
	(2) Participants	8a(2)	193	317				
	(3) Others (including rollovers)			0				
b	Other income (loss)	8b	12	262				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					47733	
	Benefits paid (including direct rollovers and insurance premiums	0.1		0				
	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8d		0				
	Administrative service providers (salaries, fees, commissions)	8e 8f		0				
	Other expenses	8g	0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0	
	Net income (loss) (subtract line 8h from line 8c)						47733	
	Transfers to (from) the plan (see instructions)	8j		0				
Par		_ oj						
b Part	If the plan provides welfare benefits, enter the applicable welfare for <b>V</b> Compliance Questions	eature cod	es from the List of Plan Chara	cterist	tic Coc	les in t	he instructions:	
10	During the plan year:				Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X		
c	Was the plan covered by a fidelity bond?			10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X		
е	or dishonesty?				X	X		182
f	·					Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Χ		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X		
i	,							
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							No
11a	Enter the unpaid minimum required contribution for current year fr					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? Yes 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		

	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	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

## 4 . 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 Repor								
For calenda	ar plan year 2014 or		1/2014	and ending	06/30/2015				
A This ret	urn/report is for:	a single-employer plan	of participating employ	an (not multiemployer) yer information in accor					
		a one-participant plan	a foreign plan						
B This retu	ırn/report is	the first return/report	the final return/report						
		x an amended return/report	a short plan year return	n/report (less than 12 m	nonths)				
C Check t	oox if filing under:	X Form 5558	automatic extension		DFVC pre	ogram			
		special extension (enter desc	imption)						
Part II	Basic Plan Inf	ormation—enter all requested in	nformation						
1a Name of THE SHEFA	of plan A SCHOOL 401(K) P	LAN			1b Three-digit plan numbe (PN) ▶	001			
					1c Effective da 07/01/2013	te of plan			
	ponsor's name and a F THE SHEFA SCH	nddress; include room or suite num OOL	per (employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 46-2703101				
					2c Sponsor's telephone number (646) 361-5590				
	RDAM AVENUE				2d Business co 611000	de (see instructions)			
NEW YORK, NY 10023  3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN				
					3c Administrato	r's telephone number			
	, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	) the last return/report filed to	er this plan, enter the	4b EIN				
5a Total r	number of participan	ts at the beginning of the plan year	***************************************		5a	3			
<b>b</b> Total r	number of participan	ts at the end of the plan year	***************************************		. 5b	16			
		h account balances as of the end o			5c	8			
•	•		complete this item)						
<b>d(2)</b> Tota	al number of active o				5d(1)	3			
		participants at the end of the plan ye	3ar		5d(2)	3 16			
	r of participants that	participants at the end of the plan ye terminated employment during the	plan year with accrued bene	fits that were					
less the	r of participants that an 100% vested	terminated employment during the	plan year with accrued bene	fits that were	5d(2) 5e use is established.	16			
Caution: A Under pena SB or Sche	or of participants that an 100% vested penalty for the late alties of perjury and adule MB completed	terminated employment during the e or incomplete filing of this retu- other penalties set forth in the instra and signed by an enrolled actuary,	plan year with accrued bene rn/report will be assessed actions, I declare that I have	fits that were unless reasonable ca examined this return/re	5d(2) 5e use is established. port, including, if ap	16 0 plicable, a Schedule			
Caution: A Under pena SB or Sche belief, it is t	r of participants that an 100% vested penalty for the late alties of perjury and	terminated employment during the e or incomplete filing of this retu- other penalties set forth in the instra and signed by an enrolled actuary,	plan year with accrued bene rn/report will be assessed actions, I declare that I have	fits that were unless reasonable ca examined this return/re	5d(2) 5e use is established. port, including, if ap	16 0 plicable, a Schedule			
Caution: A Under pena SB or Sche	or of participants that an 100% vested a penalty for the late alties of perjury and adule MB completed true, correct and cor	e or incomplete filing of this return the period of the penalties set forth in the instrument and signed by an enrolled actuary, and the penalties set forth in the instrument signed by an enrolled actuary, and the penalties in	plan year with accrued bene rnireport will be assessed outlons, I declare that I have as well as the electronic vers	unless reasonable ca examined this return/re sion of this return/repor	5d(2) 5e use is established, port, including, if apt, and to the best of	16 0 plicable, a Schedule my knowledge and			
Caution: A Under pena SB or Sche belief, it is t	or of participants that an 100% vested penalty for the late alties of perjury and adule MB completed	e or incomplete filing of this return the period of the penalties set forth in the instrument and signed by an enrolled actuary, and the penalties set forth in the instrument signed by an enrolled actuary, and the penalties in	plan year with accrued bene rn/report will be assessed outlons, I declare that I have as well as the electronic vers	fits that were unless reasonable ca examined this return/re sion of this return/repor	5d(2) 5e use is established, port, including, if apt, and to the best of	16 0 plicable, a Schedule my knowledge and			
Caution: A Under pens SB or Sche belief, it is t SIGN HERE	penalty for the late alties of perjury and adule MB completed true, correct and col	e or incomplete filing of this return the period of the penalties set forth in the instrument and signed by an enrolled actuary, and the penalties set forth in the instrument signed by an enrolled actuary, and the penalties in	plan year with accrued beneralized by the plan year will be assessed outlons, I declare that I have as well as the electronic versions.	unless reasonable ca examined this return/re sion of this return/repor	5d(2) 5e use is established. port, including, if ap t, and to the best of	16 0 plicable, a Schedule my knowledge and			
Caution: A Under pens SB or Sche belief, it is t SIGN HERE SIGN HERE	penalty for the late alties of perjury and adule MB completed true, correct and course signature of print Signature of emp	e or incomplete filing of this return the penalties set forth in the instrument and signed by an enrolled actuary, implete.	plan year with accrued bene rn/report will be assessed actions, I declare that I have as well as the electronic versions as well as the electronic versions as well as the electronic versions.	unless reasonable carexamined this return/resion of this return/reportana Ruskay-Kidd Enter name of individent	5d(2) 5e use is established. port, including, if ap t, and to the best of lual signing as plan	16 0 plicable, a Schedule my knowledge and			

* .	Form 5500-SF 2014		Page 2								
6a	Were all of the plan's assets during the plan year invested in eligible	le assets? (	See instructions.)	******		*******			X Ye	s No	
b	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant								⊒ Χ Ye:	≖ s∏ No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann									. П <sub>140</sub>	
	If the plan is a defined benefit plan, is it covered under the PBGC in							Пи	ot dete	rmined	
	t III Financial Information					<u>'</u>					
7	Plan Assets and Liabilities	n Ale	(a) Beginning of Yea	ar		_	(b) Eı	nd of	Year	~	
а	Total plan assets						71592				
b	al plan liabilities									0	
C	Net plan assets (subtract line 7b from line 7a)	7c	2385	9					7159	2	
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b	) Tota	ıl		
	Contributions received or receivable from: (1) Employers	8a(1)	2715	4							
	(2) Participants	8a(2)							81		
	(3) Others (including rollovers)	8a(3)	<del></del>	0							
	Other income (loss)	8b	126	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-VIII					4773	3	
	Benefits paid (including direct rollovers and insurance premiums			0				-1,			
	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8d 8e		0			-				
	Administrative service providers (salaries, fees, commissions)	8f		0							
	Other expenses	8g		0	15			7 6		1 11 0	
	Total expenses (add lines 8d, 8e, 8f, and 8g)									0	
	Net income (loss) (subtract line 8h from line 8c)								4773	13	
	Transfers to (from) the plan (see instructions)							[3]			
Par	t IV Plan Characteristics	<u> </u>									
9a	If the plan provides pension benefits, enter the applicable pension	feature code	es from the List of Plan Char	acteri	stic Co	des in	the inst	uctio	ns:		
b	2A 2E 2F 2J 2K			_471			le e Te et e	- 41			
D	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	s from the List of Plan Chara	ctens	uc Coa	es in t	ne instru	CLION	s:		
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Ar	nount		
а	Was there a failure to transmit to the plan any participant contribut										
	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidu			10a		X					
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X					
С	Was the plan covered by a fidelity bond?		***************************************	10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See									400	
f	instructions.)  Has the plan failed to provide any benefit when due under the plan?				X	X				182	
q				10f 10g	$\vdash$	X					
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			ivg	$\vdash$					s (i) (	
	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the			10h		<u> </u>		17			
	exceptions to providing the notice applied under 29 CFR 2520.101			10i				10	NI		
Part				• 4				_			
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)			· ·····					Yes	X No	
	Enter the unpaid minimum required contribution for current year from					11a		1 1	٦.,	<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding		<del></del>	or se	ection 3	02 of	ERISA?	]	Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein			tions	and -	ntor #	e data -	fibal	aller e	ifing	
а	granting the waiver	_			, oriu e	Day	is valt 0	Ye		unið	

Form 5500-SF 2014	Page 3 - 1				
If you completed line 12a, complete lines 3, 9, and 10 of	Schedule MB (Form 5500), and skip to line 13.				
<b>b</b> Enter the minimum required contribution for this plan year	ar		12b		
C Enter the amount contributed by the employer to the plan	n for this plan year	.,	12c		
d Subtract the amount in line 12c from the amount in line 1 negative amount)		12b  12c  the left of a			
e Will the minimum funding amount reported on line 12d b	<del>-</del>			Yes	No N/
Part VII Plan Terminations and Transfers of A	Assets				
13a Has a resolution to terminate the plan been adopted in any p	olan year?			res X N	lo
if "Yes," enter the amount of any plan assets that reverte	ed to the employer this year		13a		
b Were all the plan assets distributed to participants or ber of the PBGC?					Yes X
C If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruct		ne plan(s) to			
13c(1) Name of plan(s):		13	c(2) E	IN(s)	13c(3) PN(
Part VIII   Trust Information (optional)			1.40		
14a Name of trust		11	I4b T	rust's EIN	
		1			