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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		t Identification Information				
For calenda	ar plan year 2014 or t	fiscal plan year beginning 01/0	1/2014	and ending 12/	31/2014	
A This ret	turn/report is for:	X a single-employer plan		r plan (not multiemployer) (ployer information in accord		
		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report	rt		
		an amended return/report	a short plan year ref	turn/report (less than 12 mo	onths)	
C Check I	box if filing under:	X Form 5558	automatic extension	n	DFVC pr	ogram
3 3.133.17	zox II IIII ig unuon	special extension (enter de	escription)		_	
Part II	Basic Plan Info	ormation—enter all requested	 d information			
1a Name	of plan				1b Three-digit	
EDUCATION	N PLUS CORPORAT	TON			plan numbe	
					(PN) •	001
					1c Effective da	ite of plan 1/01/1996
2a Plan s	ponsor's name and a	ddress; include room or suite nui	mber (employer, if for a sing	gle-employer plan)	2b Employer Id	lentification Number
EDUCATION	PLUS CORPORATI	ON			(EIN) 10	6-1460254
431 CHAPEL	_ ROAD					elephone number 5-887-5213
	NY 13783-2248				2d Business co	ode (see instructions)
					6	11000
O:	dministrator's name a	and address XSame as Plan Sp	onsor.		3b Administrate	or's EIN
3a Plan a						
3a Plan a					3c Administrato	or's telephone number
3a Plan a					3c Administrate	or's telephone number
3a Plan a					3c Administrate	or's telephone number
3a Plan a					3c Administrate	or's telephone number
					3c Administrate	or's telephone number
4 If the r		he plan sponsor has changed sin		d for this plan, enter the	3c Administrato	or's telephone number
4 If the r		he plan sponsor has changed sin umber from the last return/report.		d for this plan, enter the		or's telephone number
4 If the r name, a Sponso	, EIN, and the plan nu or's name		· ·	·	4b EIN	or's telephone number
4 If the r name, a Sponso	, EIN, and the plan no or's name number of participant	umber from the last return/report.	ar		4b EIN 4c PN	·
4 If the r name, a Sponso 5a Total r b Total r C Numb	, EIN, and the plan no or's name number of participant number of participant er of participants with	umber from the last return/report. is at the beginning of the plan year a account balances as of the end	ard of the plan year (defined be	enefit plans do not	4b EIN 4c PN 5a	73
4 If the r name, a Sponso 5a Total r b Total r c Numb comple	, EIN, and the plan no or's name number of participant number of participant er of participants with ete this item)	umber from the last return/report.	ard of the plan year (defined be	enefit plans do not	4b EIN 4c PN 5a 5b 5c	73 48
4 If the r name, a Sponsor 5a Total r C Numb comple d(1) Total	, EIN, and the plan no or's name number of participant number of participant er of participants with ete this item)	umber from the last return/report. is at the beginning of the plan year a account balances as of the end	ard of the plan year (defined be	enefit plans do not	4b EIN 4c PN 5a 5b	73 48 33
4 If the range a Sponso 5a Total r b Total r c Numb comple d(1) Total d(2) Total r e Numbe	, EIN, and the plan no or's name number of participant number of participants er of participants with ete this item)	umber from the last return/report. Is at the beginning of the plan year as at the end of the plan year In account balances as of the end articipants at the beginning of the articipants at the end of the plan terminated employment during the	ard of the plan year (defined be elian yeare plan year	enefit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	73 48 33 53
4 If the r name, a Sponsor 5a Total r b Total r c Numb comple d(1) Total d(2) Total r e Numbe less th	EIN, and the plan no or's name number of participant number of participants with ete this item)	is at the beginning of the plan years at the end of the plan year In account balances as of the end articipants at the beginning of the plan terminated employment during the	ard of the plan year (defined be e plan year	enefit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	73 48 33 53
4 If the range, a Sponsor 5a Total range, a Sponsor b Total range completed (1) Total range d(2) Total range less the Caution: A	EIN, and the plan no or's name number of participant number of participant with ete this item)	umber from the last return/report. Is at the beginning of the plan year as at the end of the plan year In account balances as of the end articipants at the beginning of the articipants at the end of the plan terminated employment during the	aret of the plan year (defined be e plan yearet plan yearet plan year with accrued be turn/report will be assesse	enefit plans do not enefits that were ed unless reasonable cau	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established	73 48 33 53 19
4 If the r name, a Sponso 5a Total r b Total r c Numb comple d(1) Total d(2) Total r e Numbe less the Caution: A	EIN, and the plan noor's name number of participant number of participants with ete this item)	is at the beginning of the plan years at the end of the plan year In account balances as of the end articipants at the beginning of the plan terminated employment during the portion of the plan terminated employment during the portion of the plan terminated employment during the portion of the plan terminated employment during the properties are proposed to the penalties set forth in the instand signed by an enrolled actuar	ar	enefit plans do not enefits that were ed unless reasonable cau	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established ort, including, if approximate the setable of th	73 48 33 53 19 Lopplicable, a Schedule
4 If the range, a Sponsor 5a Total range, a Sponsor b Total range completed (1) Total range, and (2) Total range, and (3) Total range, and (4) Total range,	EIN, and the plan number of participant number of participant er of participants with ete this item)	is at the beginning of the plan years at the end of the plan year In account balances as of the end articipants at the beginning of the plan terminated employment during the position of the plan terminated employment during the position of the plan terminated employment during the period of the plan terminated employment during the position of the plan years.	ar	enefit plans do not enefits that were ed unless reasonable cau	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established ort, including, if approximate the setable of th	73 48 33 53 19 Lopplicable, a Schedule
4 If the r name, a Sponso 5a Total r b Total r c Numb comple d(1) Total d(2) Total r e Numbe less the Caution: A	p. EIN, and the plan noor's name number of participant number of participants with ete this item)	is at the beginning of the plan years at the end of the plan year In account balances as of the end articipants at the beginning of the plan terminated employment during the period of the plan terminated employment during the plan terminated employment during the plan terminated employment during the penalties set forth in the instand signed by an enrolled actuar inplete.	ar	enefit plans do not enefits that were ed unless reasonable cau ve examined this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established bort, including, if appear, and to the best of	73 45 33 53 19 Lopplicable, a Schedule f my knowledge and
4 If the r name, a Sponsor 5a Total r C Numb comple d(1) Total d(2) Total e Number less the Caution: A Under pena SB or Schebelief, it is total sign HERE	EIN, and the plan number of participant number of participant er of participants with ete this item)	is at the beginning of the plan years at the end of the plan year In account balances as of the end articipants at the beginning of the plan terminated employment during the period of the plan terminated employment during the plan terminated employment during the plan terminated employment during the penalties set forth in the instand signed by an enrolled actuar inplete.	ar	enefit plans do not enefits that were ed unless reasonable cau	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established bort, including, if appear, and to the best of	73 45 33 53 19 Lopplicable, a Schedule f my knowledge and
4 If the r name, a Sponsor 5a Total r b Total r c Number completed (1) Total r d(2) Total r e Number less the less the less the state of the less than less the less than less the less than le	EIN, and the plan noor's name number of participant number of participant with ete this item)	is at the beginning of the plan years at the end of the plan years at the end of the plan years	ar	enefit plans do not enefits that were ed unless reasonable cau ve examined this return/report version of this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if apply, and to the best of the	73 48 33 53 19 L. Deplicable, a Schedule f my knowledge and administrator
4 If the range, a Sponso 5a Total results of the complete of t	, EIN, and the plan noor's name number of participant number of participant er of participants with ete this item)	is at the beginning of the plan years at the end of the plan years at the end of the plan years In account balances as of the end articipants at the beginning of the plan terminated employment during the plan terminated employment during the plan terminated employment during the plan terminated by an enrolled actuar and signed by an enrolled actuar implete. In administrator	ar	enefit plans do not enefits that were ed unless reasonable cau ve examined this return/report version of this return/report Enter name of individu	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if appropriate to the best of the	233 253 253 254 255 255 255 255 255 255 255 255 255
4 If the range, a Sponso 5a Total results of the complete of t	, EIN, and the plan noor's name number of participant number of participant er of participants with ete this item)	is at the beginning of the plan years at the end of the plan years at the end of the plan years	ar	enefit plans do not enefits that were ed unless reasonable cau ve examined this return/report version of this return/report Enter name of individu	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if appropriate to the best of the	73 48 33 53 19 L. Deplicable, a Schedule f my knowledge and administrator
4 If the range, a Sponso 5a Total response of the completion of th	, EIN, and the plan noor's name number of participant number of participant er of participants with ete this item)	is at the beginning of the plan years at the end of the plan years at the end of the plan years In account balances as of the end articipants at the beginning of the plan terminated employment during the plan terminated employment during the plan terminated employment during the plan terminated by an enrolled actuar and signed by an enrolled actuar implete. In administrator	ar	enefit plans do not enefits that were ed unless reasonable cau ve examined this return/report version of this return/report Enter name of individu	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if appropriate to the best of the	233 253 253 254 255 255 255 255 255 255 255 255 255

	Form 5500-SF 2014		Page 2						
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 or the plan's assets during the plan year invested in eligible or the plan year invest	an indepe and condit	ndent qualified public accounta	int (IQ	PA)			X Yes	
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40)21)?		Yes	No	Not deter	mined
Par	t III Financial Information	1	1						
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o		104
	Total plan assets	7a	24978	307				14894	101
	Total plan liabilities	7b	24978	807				14894	IO1
	Net plan assets (subtract line 7b from line 7a)	7c		,01	-		(b) T		101
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	itai	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	518	324					
	(3) Others (including rollovers)	8a(3)	4406						
	Other income (loss)	8b	1108	322					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1626	546
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11561	134					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	149	918					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						11710	
	Net income (loss) (subtract line 8h from line 8c)	8i						-10084	106
J	Transfers to (from) the plan (see instructions)	8j							
Par 9a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension								
Part		eature cod	les from the List of Plan Charad	cterist			he instruction	ons:	
10	During the plan year:				Yes	No	,	Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.	ıciary Cor	rection Program)	10a		X			
	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				350000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
e	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 ber	nefits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g	X				27559
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					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a	<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction (302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•				<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter ru Year	ıling

	Form 5500-SF 2014	Page 3 - 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):		13c(2) EI	N(s)	13c(3) 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		Identification Information	(a)					
For calend	lar plan year 2014 or f	iscal plan year beginning	01/01/2014	and ending	12/31/20			
A This re	turn/report is for:	☑ a single-employer plan ☐ a one-participant plan		olan (not multiemployer) oyer information in accor	7/50			
B This ret	urn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)			
C Check I	pox if filing under:	∑ Form 5558	automatic extension		DFVC prog	ıram		
		special extension (enter descrip	tion)		8			
Part II	Basic Plan Info	ormation—enter all requested infor	mation					
1a Name	of plan				1b Three-digit plan number			
EDUCAT	ION PLUS CORF	. 401(k) RETIREMENT PL	AN		(PN)	001		
		(80)			1c Effective date			
					11/01/199			
		ddress; include room or suite number	(employer, if for a single	-employer plan)	2b Employer Ider			
EDUCAT	ION PLUS CORP	ORATION			(EIN) 16-14 2c Sponsor's tele			
					(845) 887	Markon Maria Markamana da		
431 CH	APEL ROAD				2d Business code			
HANCOC		61		13783-2248	611000			
3a Plan a	dministrator's name a	nd address 🏻 Same as Plan Sponsor			3b Administrator's	s EIN		
		e plan sponsor has changed since the	e last return/report filed f	or this plan, enter the	4b EIN	v		
	, EIN, and the plan nu nsor's name	mber from the last return/report.			4c PN			
		at the beginning of the plan year			5a	73		
121 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15		at the end of the plan year				45		
c Numb	er of participants with	account balances as of the end of the	e plan year (defined ben	efit plans do not	5c	33		
d(1) Tot	al number of active pa	rticipants at the beginning of the plan	year		5d(1)	53		
d(2) Tot	al number of active pa	rticipants at the end of the plan year.		***************************************	5d(2)	19		
		erminated employment during the pla		efits that were	5e	0		
Caution: A	A penalty for the late	or incomplete filing of this return/r	eport will be assessed	unless reasonable cau	use is established.			
SB or Sche	alties of perjury and ot edule MB completed a true, correct_and com	her penalties set forth in the instruction nd signed by an enrolled actuary, as splete.	ons, I declare that I have well as the electronic ver	examined this return/re rsion of this return/repor	port, including, if appl t, and to the best of m	icable, a Schedule ny knowledge and		
SIGN	8000	-	16/5/15	Emmanuel A. A	rgiros			
HERE	Signature of plan	dministrator	Date ,	Enter name of individ		Iministrator		
SIGN	61/11/01		10/5/15	Regina O'Boyl		111		
HERE	Signature of emplo	1	Date	Enter name of individ				
Preparer's		name, if applicable) and address (incli			Preparer's telephon			

Form 5500-SF 2014		Page 2						
 6a Were all of the plan's assets during the plan year invested in eliging being the plan and report of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be plan is a defined benefit plan, is it covered under the PBGC 	f an independe and condition not use Form	ent qualified public accountans.) ns.) n 5500-SF and must instea	ant (IC d d use	QPA) Form	5500			s No
	modrance pro	gram (see Errie/1 seedon 4	021):		1 100	П П.	Tot deter	mmed
Part III Financial Information	FREEZA.	/ 01 Page 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		T		//A == 4 ==		
7 Plan Assets and Liabilities	10000000	(a) Beginning of Yea				(b) End o	-	00 101
a Total plan assets	7a 7b	2,49	7,80) /			1,4	89,401
b Total plan liabilities		2.40	7 00				1 4	00 401
have a second to the second to	76	2,49° (a) Amount	1,80) /		(b) To		89,401
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:	108.200/310	(a) Amount	-	1	121 92	(10) 10	aı	ally days
(1) Employers	8a(1)			0				
(2) Participants	8a(2)	5.	1,82	24				
(3) Others (including rollovers)	8a(3)			0	Date of			
b Other income (loss)	8b	110	0,82	22				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	62,646
d Benefits paid (including direct rollovers and insurance premiums	0.1		- 10					
to provide benefits)		1,150	0,13					
e Certain deemed and/or corrective distributions (see instructions)	8e	1	1 01	0				
f Administrative service providers (salaries, fees, commissions)	1		1,91	.8	Drew I			
g Other expenses	8g 8h		leu.				1 1	71 050
h Total expenses (add lines 8d, 8e, 8f, and 8g)								71,052
i Net income (loss) (subtract line 8h from line 8c)			A CANADA CAN		e in a	-1,008,40		38,406
Part IV Plan Characteristics	·· 8j			0				
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	reature codes	Hom the List of Fran Orland			-	TIO INSTITUTION		·
10 During the plan year:		- Company of the Comp		Yes	No	A	mount	
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidelite Control of the plan and Policy Fidelite Control of the Plan and	uciary Correc	tion Program)	10a		Х			
b Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		Х			
C Was the plan covered by a fidelity bond?			10c	Х			3.	50,000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or al instructions.)	of the benefit	ts under the plan? (See	10e		Х			(4
f Has the plan failed to provide any benefit when due under the plan	an?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount a	as of vear end	L)	10g	Х			7	27,559
h If this is an individual account plan, was there a blackout period?			109	Λ				17,000
2520.101-3.)			10h		Χ			
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part VI Pension Funding Compliance	1 0 45 104		11	01.1	I OD	<i>(</i> F		
11 Is this a defined benefit plan subject to minimum funding requirer 5500 and line 11a below)				T			Yes	X No
11a Enter the unpaid minimum required contribution for current year f					11a		П.	П
12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			or se	ection 3	302 of	ERISA?	Yes	X No
a If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ing amortized	in this plan year, see instruc		, and e	enter th Day	200	letter ru ear	ling

Form 5500-	-SF 2014	Page 3 -					
If you completed	line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 5500), and skip to line 13.					
b Enter the minim	num required contribution for this plan year			12b			1000000000
c Enter the amou	unt contributed by the employer to the plan for this plan year	「······		12c			
	mount in line 12c from the amount in line 12b. Enter the resunt)	,		12d			
e Will the minimu	um funding amount reported on line 12d be met by the fundi	ng deadline?			Yes	No	N/A
Part VII Plan To	erminations and Transfers of Assets		1				
13a Has a resolution	to terminate the plan been adopted in any plan year?			Y	es X N	0	
If "Yes," enter to	the amount of any plan assets that reverted to the employer	this year		13a			
	an assets distributed to participants or beneficiaries, transfe		nder the c	ontrol		Yes	X No
	an year, any assets or liabilities were transferred from this p r liabilities were transferred. (See instructions.)	olan to another plan(s), identify th	e plan(s) t	0			
13c(1) Name of p	plan(s):		13	c(2) El	N(s)	13c(3)	PN(s)
	2						
Part VIII Trust In	nformation (optional)						
14a Name of trust	8	19		14b Tr	ust's EIN		

Form **5558** (Rev. August 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Information about Form 5558 and its instructions is at www.lrs.gov/form5558

OMB No. 1545-0212

File With IRS Only

	Identification	In	Filesta i					
Α	Name of filer, plan administrator, or plan sponsor (see instructions) EDUCATION PLUS CORPORATION	В	Employer Identification num			ee instruction er (EIN) (9 digi		
	Number, street, and room or suite no. (If a P.O. box, see instructions) 431 CHAPEL ROAD				SSN) (9 digits XXX-XX-XXXX)			
	City or town, state, and ZIP code HANCOCK NY 13783-2248							
С	Plan name		Plan		Plai	Plan year ending—		
	- Tan name		numbe	r	MM	DD	YYYY	
	EDUCATION PLUS CORP. 401(k) RETIREMENT PLAN	0	0	1	12	31	2014	
Par	t II Extension of Time To File Form 5500 Series, and/or Form 89	55-	SSA					
1	Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	e first	Form 5	500 s	eries return/r	eport for the	e plan listed	
2	I request an extension of time until 10 / 15 / 2015 to file Form Note. A signature IS NOT required if you are requesting an extension to file Form				nstructions).	9		
3	I request an extension of time until/ to file Form Note. A signature IS NOT required if you are requesting an extension to file Form				structions).			
	The application is automatically approved to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the third month after the n	this e	extensio	n is r	a) the Form (equested, ar	5558 is filed ad (b) the d	l on or before late on line 2	
Par	t III Extension of Time To File Form 5330 (see instructions)	5			safes (mai)			
4	I request an extension of time until / to file Form You may be approved for up to a 6 month extension to file Form 5330, after the	5330 norr	nal due	date	of Form 5330).		
а	Enter the Code section(s) imposing the tax	>	а					
b	Enter the payment amount attached	(●)		(:•0) 3.•	▶	b		
с 5	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/s State in detail why you need the extension:	amer	dment o	date .	▶	С		
					70			
			- Allen Service					
	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on pare this application.	this fo	orm are tru	ie, cor	rect, and compl	ete, and that I	am authorized	
Signa	ture ▶ Date ▶							