Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I		Identification Information	1									
For calenda	ar plan year 2015 or fis	scal plan year beginning 01/01/2	2015		and ending 12	/31/2	015					
A This ret	X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan											
B This return/report is												
C Check b	oox if filing under:	Form 5558 special extension (enter description)	ш	tomatic extension	omatic extension DFVC program							
Part II	Basic Plan Info	rmation—enter all requested in	formatio	on								
1a Name SUCCESS F		ROFIT SHARING PLAN				1b	Three-digit plan number (PN)	001				
						1c	Effective date of 02/1	f plan 7/1976				
Mailing	address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		(if foreign age instru	untiona)	2b Employer Identification Number (EIN) 13-2849364						
	ESEARCH CORP.	e, country, and zir or loreign post	iai code	(ii loreign, see instit	ictions)	2c Sponsor's telephone number 845-635-3795						
34 GRETNA ROAD PLEASANT VALLEY, NY 12569						2d Business code (see instructions) 524290						
3a Plan ad	dministrator's name ar	nd address Same as Plan Spons	sor.			3b Administrator's EIN						
3c Administrator's telephone number								elephone number				
name,	EIN, and the plan nur	e plan sponsor has changed since mber from the last return/report.	the last	return/report filed fo	r this plan, enter the		EIN					
a Sponso	or's name					4c PN						
5a Total r	number of participants	at the beginning of the plan year				5		2				
		at the end of the plan yearaccount balances as of the end of				5b 5c						
•	,	rticipants at the beginning of the pl			Ť							
					Ī	5d(2)						
 d(2) Total number of active participants at the end of the plan year e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 						5e 0						
		or incomplete filing of this return				se is	established.					
Under pena SB or Sche	alties of perjury and oth	her penalties set forth in the instructed actuary, a	ctions, I	declare that I have e	examined this return/rep	ort, i	ncluding, if applic					
SIGN	Filed with authorized/	valid electronic signature.	_	05/24/2016	MICHAEL KORDA							
HERE	Signature of plan a	dministrator		Date	Enter name of individu	ıal siç	ning as plan adn	ninistrator				

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page 2							
 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 lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a seco	an indepenand	dent qualified public a	ccount	ant (IQ	PA)			×	Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not c	letermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Yea	ar
a Total plan assets	7a		7034	359				6	768306
b Total plan liabilities	7b			0					0
C Net plan assets (subtract line 7b from line 7a)	7c		7034	359					768306
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b)	Total	
Contributions received or receivable from: (1) Employers	8a(1)		7	'5 00					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		-87	757					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-80257
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		143	8000					
Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f		42	2796					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								185796
i Net income (loss) (subtract line 8h from line 8c)	8i							-3	266053
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in tl	he instru	uctions:	
B If the plan provides welfare benefits, enter the applicable welfare fe	oaturo codo	os from the List of Pla	n Char	octorict	ic Coo	loc in the	o inetru	etione:	
in the plan provides wellare benefits, effer the applicable wellare is	eature coue	es nom the List of Fia	ii Cilai	acterist		162 111 1116	e msuu	AllOHS.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	unt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					500000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the plan					X				
· · · · · · · · · · · · · · · · · · ·			10f						
g Did the plan have any participant loans? (If "Yes," enter amount ash If this is an individual account plan, was there a blackout period? (•	· · · · · · · · · · · · · · · · · · ·	10g		X				
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						
j Did the plan trust incur unrelated business taxable income?	_ _ _		10j						
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 all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding						302 of E	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	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?		П	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 Trust's EIN						
14c	Name	of trustee or custodian		14d Trustee's or custodian's						
140 Name of trustee of eastedan						telephone number				
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)?		Design- based safe ADP/ACP harbor test method						
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	age Average benefit 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	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).									
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		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 fav	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	;	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			

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2015

OMB Nos 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** 01/01/2015 12/31/2015 and ending For calendar plan year 2015 or fiscal plan year beginning a multiple-employer plan (not multiemployer) (Filers checking this box must attach a single-employer plan A This return/report is for: a list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan B This return/report is: the first return/report the final return/report a short plan year return/report (less than 12 months) an amended return/report DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information --- enter all requested information 1b Three-digit 1a Name of plan plan number SUCCESS RESEARCH CORP, PROFIT SHARING PLAN 001 (PN) ▶ 1c Effective date of plan 02/17/1976 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street or P.O. Box) (EIN) 13-2849364 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number SUCCESS RESEARCH CORP. (845) 635-3795 2d Business code (see instructions) 134 GRETNA ROAD 524290 US PLEASANT VALLEY NY 12569 3a Plan administrator's name and address X Same as Plan Sponsor Name 3b 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 2 5a 5a Total number of participants at the beginning of the plan year 5b 2 Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 2 complete this item) 5d(1) 2 d(1) Total number of active participants at the beginning of the plan year 5d(2) 2 **d(2)** Total number of active participants at the end of the plan year Number of participants that terminated employment during the plan year with accrued benefits that were n 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, gorrect, and complete. MICHAEL SIGN HERE Signature of plan administrator Enter name of individual signing as plan administrator SIGN HERE Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number Preparer's telephone number

	Form 5500-SF 2015		Page 2			_						
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)					******	X Yes No			
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Yes No			
	If you answered "No" to either line 6a or line 6b, the plan cannot	ot use Fo	rm 5500-SF and must in									
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA secti	ion 40	21)?	*******	Ye	s <u>No</u>	Not determined			
Pa	rt III Financial Information											
7	Plan Assets and Liabilities	11.50	(a) Beginning o	of Yea	ar			(b) End	of Year			
<u>a</u>	Total plan assets	7a	7,0	34,3					6,768,306			
<u>b</u>	Total plan liabilities	7b			0_				0			
8 8	Net plan assets (subtract line 7b from line 7a)	7c	7,0 (a) Amoun	34,3 •	159			6,768,306 (b) Total				
a	Contributions received or receivable from:		(a) Amoun			100.000	(b) rotal					
	(1) Employers	8a(1)		7,5								
	(2) Participants	8a(2)			0							
	(3) Others (including rollovers)	8a(3)			0	1400						
	Other income (loss)	8b 8c	(8	7,75) /)				(00.055)			
	Benefits paid (including direct rollovers and insurance premiums	00			\$140 Page Con-	75 7598			(80,257)			
	to provide benefits)	8d	1	43,0	00	300 pm						
	Certain deemed and/or corrective distributions (see instructions) $ \dots $	8e			0							
	Administrative service providers (salaries, fees, commissions)	8f		42,7		9.50						
	Other expenses	8g			0				405 506			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						·· ·· · · · · · · · · · · · · · · · ·	185,796			
-	Net income (loss) (subtract line 8h from line 8c)	8i 0:			0			(266,053)				
1,10,100	Transfers to (from) the plan (see instructions) It IV Plan Characteristics	8j	<u> </u>			32000						
1111111111	If the plan provides pension benefits, enter the applicable pension fe	atura and	los from the List of Disp C	hara		in Cos	loe in t	ha izatruat	iana:			
Ja	2E 2G 2R 3D	alure cou	es nom the cist of Flan C	/IIaIa	SIGNSI	ic coc	103 III L	ne manuci	ions.			
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture code	e from the List of Plan Ch	aract	arietic	Code	e in th	e inetructio	ine,			
~	in the plan provides we have benefits, enter the applicable we have lea	itare code	S HOTH the List of Flam Of	iaiaci	CHOLIC	· Ooue	, 3 III LI F	e maraone				
Pa	rt V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amount			
a	Was there a failure to transmit to the plan any participant contribut	ions withi	π the time period									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fi	duciary Correction									
b	Program)			10a		X						
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x						
С	Was the plan covered by a fidelity bond?			10c	х		Villa:		500,000			
d	, , , , , , , , , , , , , , , , , , , ,	fidelity bo	nd, that was caused									
	by fraud or dishonesty?			10d		X	39.659 34.549.0					
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some						201 VIII					
	the plan? (See instructions.)			10e		х	iin kala Valat					
f	Has the plan failed to provide any benefit when due under the plan	ı?	***************************************	10f		х						
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	end.)	10g		х						
h	If this is an individual account plan, was there a blackout period? (See instru	ctions and 29 CFR									
	2520.101-3.)			10h		x						
i 	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101											
j	Did the plan trust incur unrelated business taxable income?	***************		10j								
Par	t VI Pension Funding Compliance								Ι			
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)		***************************************	•••••	*********				Yes X No			
11a	Enter the unpaid minimum required contribution for current year fro	m Sched	ule SB (Form 5500) line 4	ıo	********		11a		,			
12	Is this a defined contribution plan subject to the minimum funding r	equireme	nts of section 412 of the 0	Code	or sec	tion 3	02 of E	ERISA?	Yes X No			

	Form 5500-SF 2015 Page 3	3						
	(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 y granting the waiver.	ear, see ir Mo		d enter Dav		f the	letter	ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk			<u> </u>				
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 (enter a minus s	_		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		****************] Yes [_ N	。 [□ N/A
Pai	rt VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		,		Yes 🗓 I	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 pla						, 1	ਦਾ ਨਾ
	of the PBGC?					<u>' '</u>	es	X No
C	 If during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred. (See instructions.) 	ı(s), identii	y the plan(s) t	O				
	13c(1) Name of plan(s):		130	(2) Ell	V(s)	13c(3) PN(s)		
	t VIII Trust Information			1				
14a	Name of trust			14b Trust's EIN				
14c Name of trustee or custodian				14d Trustee or custodian's			S	
				tei	ephone ли	mber		
Pa	rt IX IRS Compliance Questions							
15a	a is the plan a 401(k) plan:	***************	••••••	□ Y	es		No	
					esign-			
151	b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee dematching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				ased safe arbor	ш	ADP/. test	ACP
	militaring contributions (as approable) under sections 40 /(n)/o) and 40 /(iii)/o):	***************************************		method				
150	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu	-	44.5	Yes [☐ No	
	testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(i 2(a)(2)(ii))?			,				
				г—, R	atio			
168	A Check the box to indicate the method used by the plan to satisfy the coverage requirements u	nder secti	on 410(b):		ercentage est	_	Avera Benet	ige fit Test
16k	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)				2 <u>91</u> 28		No	
17:	this plan with any other plans under the permissive aggregation rules?			·		_	No	□ N/A
	Date of the last plan amendment/restatement for the required tax law changes was adopted		Enter th					
	instructions for tax law changes and codes).							
<u>17c</u>	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submadvisory letter, enter the date of that favorable letter / / , and the letter's			o a fav	orable IRS	opini	on or	
	If the plan is an individually-designed plan and recieved a favorable determination letter from determination letter / /	RS, pleas	e enter the dat	e of pla	an's last fa	vorab	le	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U				es		No	
19	19 Were in-service distributions made during the plan year?				es		No	
	If Yes, enter amount			19				
20	Were minimum required distributions made to 5% owners who have attained age 70 ½ (regard not retired) as required under section 401(a)(9)?			Y	es		Vю	□ N/A