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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Р	art I Annual Rep	ort Identification Information	1		
For	calendar plan year 2015	or fiscal plan year beginning 01/01/2	2015 and ending 1:	2/31/2015	
A	This return/report is for:	☑ a single-employer plan☑ a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		
В	This return/report is	the first return/report an amended return/report	x the final return/report a short plan year return/report (less than 12 m	nonths)	
С	Check box if filing under:	Form 5558 special extension (enter desc	<u> </u>	DFVC p	rogram
P	art II Basic Plan I	nformation—enter all requested in	formation		
	Name of plan JCATION PLUS CORPOR	ATION		1b Three-digit plan numbe (PN) ▶	001
				1C Effective da	te of plan 11/01/1996
2a	Mailing address (include	nployer, if for a single-employer plan) room, apt., suite no. and street, or P.C vince, country, and ZIP or foreign post			entification Number 16-1460254
EDU	CATION PLUS CORPORA		iai code (ii ioreign, see instructions)		elephone number -5-887-5213
	CHAPEL ROAD COCK, NY 13783-2248				de (see instructions)
3a	Plan administrator's nam	e and address XSame as Plan Spon	sor.	3b Administrate	r's EIN
				3c Administrato	r's telephone number
4	name, EIN, and the plar	of the plan sponsor has changed since a number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
а	Sponsor's name			4c PN	
5a	Total number of particip	ants at the beginning of the plan year		5a	45
b	Total number of particip	ants at the end of the plan year		5b	0
С	complete this item)	vith account balances as of the end of	the plan year (defined benefit plans do not	5c	0
d	(1) Total number of active	e participants at the beginning of the pl	lan year	5d(1)	19
d	(2) Total number of activ	e participants at the end of the plan ye	ar	5d(2)	0
е	Number of participants than 100% vested	that terminated employment during the	e plan year with accrued benefits that were less	5e	0
			n/report will be assessed unless reasonable ca		
			ctions, I declare that I have examined this return/re		

belief, it is true, correct, and complete SIGN Filed with authorized/valid electronic signature. 07/26/2016 PETER KAIN **HERE** Signature of plan administrator Enter name of individual signing as plan administrator Date Filed with authorized/valid electronic signature. 07/26/2016 PETER KAIN **SIGN HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date

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

Preparer's telephone number

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of 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 second t	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			□	es No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not det	ermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		1489	401					0
b Total plan liabilities	7b								0
C Net plan assets (subtract line 7b from line 7a)	7c		1489	401					0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal	
Contributions received or receivable from: (1) Employers	8a(1)			0					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		-	-800					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-800
d Benefits paid (including direct rollovers and insurance premiums	8d		1481	120					
to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e		1401	120					
f Administrative service providers (salaries, fees, commissions)	8f		7	472					
g Other expenses	8g		•						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							148	8601
i Net income (loss) (subtract line 8h from line 8c)	8i							-148	9401
j Transfers to (from) the plan (see instructions)	8i								
Part IV Plan Characteristics	-,								
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature coo	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	se from the List of Pla	n Char	octorist	ic Coc	les in the	a inetructi	ions:	
— If the plan provides we have benefits, offer the approache we have to	catare coac	o nom me List of tha	ii Onaic	20101101	.10 000	100 111 1110	o motraoti	0110.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amour	nt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fig	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					350000
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 the	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla					X				
			10f		^				
g Did the plan have any participant loans? (If "Yes," enter amount a		·	10g	Х					0
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Χ				
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?			10i						
Part VI Pension Funding Compliance			,			<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									es X No
11a Enter the unpaid minimum required contribution for all years from						11a			<u> </u>
12 Is this a defined contribution plan subject to the minimum funding						-	RISA?	Y	es X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he 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			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	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		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian				s or custodi	an's
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
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)?		ha	sed safe arbor ethod	ADF test	P/ACP
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No	
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit 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		No	
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable	
18	Is the I	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	S	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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

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F	Ida

Pension Benefit Guaranty Corporation	▶ Complete all entries in	Complete all entries in accordance with the instructions to the Form 5500-SF	ctions to the Form 55	00-SF.	
Part Annual Report	Annual Report Identification Information	n 18-6030 and 8 squipmen	الم ما لسيد قال بالح وليم	5	
For calendar plan year 2015 or fiscal plan year beginning	scal plan year beginning	01/01/2015	and ending	12/31/2015	
A This return/report is for:	X a single-employer plana one-participant plan	a multiple-employer plar list of participating emp a foreign plan	n (not multiemployer) (loyer information in acc	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	the first return/report an amended return/report	X the final return/report a short plan year return/report (less than 12 months)	report (less than 12 mc	onths)	
C Check box if filing under:	Form 5558 aspecial extension (enter description)	automatic extension scription)		☐ DFVC program	
Part II Basic Plan Inform	1 6	information			
e of		PLAN		1b Three-digit plan number (PN) ▶ 001	10
			State of the state	tive date of plar 01/1996	
2a Plan sponsor's name (employer Mailing address (include room,	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)) .O. Box)		2b Employer Identification Number (EIN) 16-1460254	
City or town, state or province, c EDUCATION PLUS CORPORA	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CATION PLUS CORPORATION	stal code (if foreign, see instru	ctions)	2c Sponsor's telephone number (845) 887-5213	-1 0
				2d Business code (see instructions) 611000	
431 CHAPEL ROAD					
HANCOCK	Ċ	NX	13783-2248	- 1	1
3a Plan administrator's name and address	nd address XSame as Plan Sponsor.	insor.		30 Administrator's EIN	
				3c Administrator's telephone number	Je
4 If the name and/or EIN of the	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	se the last return/report filed for	this plan, enter the	4b EIN	
name, EIN, and the plan nu	name, EIN, and the plan number from the last return/report.		Total September 1	4c PN	
	s at the beginning of the plan year			5a	45
	Total number of participants at the end of the plan year			5b	0
	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	of the plan year (defined benef	it plans do not	5c	0
d(1) Total number of active pa	d(1) Total number of active participants at the beginning of the plan year	plan year		5d(1)	19
d(2) Total number of active pa	d(2) Total number of active participants at the end of the plan year	Vear		5d(2)	0
Number of participants that than 100% vested	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	the plan year with accrued ben	efits that were less	5e	0
Caution: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and belief it is thus correct and emaltic belief it is thus correct and emaltic penalty.	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 ap Sor Schedules completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of some and complete.	urn/report will be assessed u ructions, I declare that I have e ,, as well as the electronic vers	inless reasonable cauxamined this return/relion of this return/report	incomplete filing of this return/report will be assessed unless reasonable cause is established. r penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and	0
SIGN SIGN		1/35/16	Emmanuel A. A	Argiros	e (T
HERE Signature of plan adn	ninis	Date	Enter name of individe	Enter name of individual signing as plan administrator	
SIGN / Melle	The Contraction of the Contracti	7/25/16	Regina O'Boyle	er Emmandel Mysse	3
HERE Signature of empl	Signature of employer/plan sponsor	Date	Enter name of individ	Enter name of individual signing as employer or plan sponsor	_
Preparer's name (including firm	Preparer's name (including firm name, if applicable) and address (include room or suite number,	(include room or suite number		Preparer's telephone number	

Form 5500-SF (2015)

SA? Yes X No	302 of ERISA?	ction 3	or sec	ne Code	s of section 412 of the	requirements		12
	11 2				(Form 5500) line 4	Schedule SB	a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a
orm Yes X No	ule SB (Form	Schedu		and complete	s," see instructions a	ents? (If "Yes	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions 5500) and line 11a below)	
	Fi -						VI Pension	Part
Selection of the teachers of the	The Lateral or	100	STATE OF THE	10j				J
			M	10i	otice or one of the	e required n	If 10h was answered "Yes," check the box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3	-
		×		10h	ions and 29 CFR	See instructi		. =
0		×	×	10g	1.)	s of year end		5 0
na to Bepains ye counter	SHEET STATES	×	8 8	10f		1?		-
etoma was to redor to a		×		10e	her persons by an insurance ne or all of the benefits under	e or all of the	1	0
Application of the second of t		×	19.6 gt	10d	, that was caused	fidelity bond,		
350,000			×	10c			Was the plan covered by a fidelity bond?	0
		×		10b	clude transactions	? (Do not inc	D Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	0
## 10 000/71 000/72 0 0		×	data c	10a	he time period uciary Correction	tions within to		- 0
Amount	NA	No	Yes	COLBUS	Of Heavy Avid May 1847	all lichadally	1	10
							art V Compliance Questions	Part
c Codes in the instructions:	odes in the	stic Co	racteri	lan Cha	es from the List of Plan Characteristic	feature code:	a If the plan provides pension benefits, enter the applicable pension feature codes 2E 2F 2G 2J 2K 2T 3D B If the plan provides welfare benefits, enter the applicable welfare feature codes to	B 9a
						<u>o</u>	2	0
-1,489,401						2 00	Transfers to (from) the plan (see instructions)	-
488,		-				8h	1-	=
						89		r w
		N	7,472		The second secon	8f		. -
	-	0	100	0.00	Part Orthon	8e	1	0
		9	1,12	1,48	A Section	8d	d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	٥
-800						8c		. 0
		0	-800	2 2	The second second	8b	아	Ь
		0				. 8a(3)	(3) Others (including rollovers)	
The second secon		0		STATE OF THE STATE	mylam carby.	. 8a(2)	(2) Participants	
		0				. 8a(1)	a Contributions received or receivable from: (1) Employers	ره ا
(b) Total		77	6	unt	(a) Amount		Income, Expenses, and Transfers for this	00
0		1	9,40	1,48	11000	. 7c	1	C
at huga nipa agin apun isa	2	6	utalita.	red Long	5-19-0-M	. 7b		Б
0		<u> </u>	9,401	1,489		. 7a		മ
(b) End of Year		3	ar	ng of Ye	(a) Beginning of Year		Plan Assets and Liabilities	7
		1	of parties	Alter Dyna			Part III Financial Information	P
No Not determined			1021)?	section 4	ogram (see ERISA s	nsurance pro	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	C
X Yes No	n 5500.	Forn	ad us	st inste	m 5500-SF and must instead use Form	and condition		
X Yes No		QPA)	tant (Id	accoun	(See instructions.)	ole assets? (an independ	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 	b 68
		E	100					

Form 5500-SF 2015			
(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 granting the waiver.	enter the date on Day	f the letter ruling Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?] Yes	No N/A	
art VII Plan Terminations and Transfers of Assets			
13a Has a resolution to terminate the plan been adopted in any plan year?	×	Yes X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		٥
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	ontrol	X 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.)	-		
13c(1) Name of plan(s): 13c(2) EIN(s)	EIN(s)	13c(3) PN(s)	
Part VIII Trust Information		7.	
14a Name of trust	14b Trust's EIN	Z	
14c Name of trustee or custodian	14d Trustee telepho	Trustee's or custodian's telephone number	
Part IX IRS Compliance Questions			
15a Is the plan a 401(k) plan?	□ Yes	ON	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Design- Dased safe harbor method	a ADP/ACP test	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	ON	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Ratio percentage test	e Average benefit test	+=
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	□ Yes	o _N	
17a Has the plan been timely amended for all required tax law changes?	☐ Yes	No N/A	⋖
17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter the ap for tax law changes and codes).	Enter the applicable code	(See instructions	ဖွ
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion advisory letter, enter the date of that favorable letter	t to a favorable	IRS opinion or	
17d if the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter	the plan's last f	avorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes	oN 🗌	
19 Were in-service distributions made during the plan year?	Yes	8	1
- 1	19		
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired) as required under section 401(a)(9)?	□ Yes	No N/A	4