| | rm 5500-SF | Short Form Annua | Short Form Annual Return/Report of Small Employee OMB Nos. 1210 Benefit Plan | | | | | | | |
|-------------------|---|--|--|-----------------------------|--|--|--|--|--|--|
| | artment of the Treasury ernal Revenue Service | This form is required to be file | 4065 of the Employee R | | 2018 | | | | | |
| | Department of Labor Benefits Security Administration | Public Inst | | | | | | | | |
| Pension B | Senefit Guaranty Corporation | Complete all entries in a | accordance with the ins | structions to the Form 55 | 500-SF. | Public inspection | | | | |
| Part I | | Identification Information scal plan year beginning 01/01/2 | 018 | and ending 12 | 2/31/2018 | | | | | |
| | aal plan year 2010 01 h | \overline{X} a single-employer plan | | | | king this box must attach a | | | | |
| A This re | eturn/report is for: | | list of participating employer information in accordance with the form instructions. | | | | | | | |
| D | | a one-participant plan | a foreign plan | | | | | | | |
| B This ret | turn/report is | the first return/report | the final return/report | t | | | | | | |
| | | an amended return/report | a short plan year return/report (less than 12 months) | | | | | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | 1 | DFVC p | rogram | | | | |
| | | special extension (enter descr | | | | | | | | |
| Part II | Basic Plan Info | rmation—enter all requested inf | | | | | | | | |
| 1a Name | e of plan | | | | 1b Three | 0 | | | | |
| SENECA FA | ALLS SPECIALTIES A | ND LOGISTICS CO INC PROFIT S | HARING PLAN | | plan (PN) | number 001 | | | | |
| | | | | | . , | tive date of plan | | | | |
| | | | | | | 01/01/1988 | | | | |
| | | yer, if for a single-employer plan) m, apt., suite no. and street, or P.C | . Box) | | 2b Empl (EIN) | oyer Identification Number 16-1154271 | | | | |
| - | | e, country, and ZIP or foreign posta | al code (if foreign, see ins | structions) | , , | isor's telephone number | | | | |
| SENECA FA | ALLS SPECIAL HES AN | ND LOGISTICS CO INC | | | | 315-568-4139 | | | | |
| 50 JOHNST | ON ST | | | | 2d Business code (see instructions) | | | | | |
| | ALLS, NY 13148 | | | | 322200 | | | | | |
| | | | | | | | | | | |
| 3a Plan a | administrator's name ar | nd address 🛛 Same as Plan Spor | isor. | | 3b Administrator's EIN | | | | | |
| | | | | | 3c Admi | nistrator's telephone number | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| A If the | name and/or EIN of the | e plan sponsor or the plan name ha | e changed since the last | return/report filed for | 4b EIN | | | | | |
| | | nsor's name, EIN, the plan name a | | | | | | | | |
| • | sor's name | | | | 4d PN | | | | | |
| C Plan N | Name | | | | | | | | | |
| 5a Total | number of participants | at the beginning of the plan year | | | 5a | 18 | | | | |
| | | at the end of the plan year | | | 5b | 17 | | | | |
| | • • | account balances as of the end of | | • | 5c | 16 | | | | |
| | | rticipants at the beginning of the pla | | | 5d(1) | 12 | | | | |
| | • | rticipants at the end of the plan yea | • | | 5d(2) | 12 | | | | |
| • • | • | terminated employment during the | | | 5e | 0 | | | | |
| than | 100% vested | | • • | | | | | | | |
| Under pen | alties of perjury and ot | or incomplete filing of this return her penalties set forth in the instruct | tions, I declare that I hav | ve examined this return/re | port, includi | ng, if applicable, a Schedule | | | | |
| | edule MB completed at true, correct, and com | nd signed by an enrolled actuary, a plete. | s well as the electronic v | ersion of this return/repor | t, and to the | e best of my knowledge and | | | | |
| SIGN | | /valid electronic signature. | 02/01/2019 | STEPHEN BREGAND | ЭЕ | | | | | |
| HERE | Signature of plan a | dministrator | Date | Enter name of individ | ual signing | as plan administrator | | | | |
| SIGN | | | | | <u> </u> | · · | | | | |
| HERE | Signature of emplo | yer/plan sponsor | Date | Enter name of individ | ual signing | as employer or plan sponsor | | | | |
| For Paperw | vork Reduction Act Notic | e, see the Instructions for Form 5500 | -SF. | | | Form 5500-SF (2018) v.171027 | | | | |

| b | Were all of the plan's assets during the plan year invested in eligibl 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 If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in | an independ and condition ot use Form | dent qualified public accountant (IQP ons.) m 5500-SF and must instead use F | A) Xes No Form 5500. |
|----|---|---|--|-------------------------------|
| U | If "Yes" is checked, enter the My PAA confirmation number from the | | | |
| Pa | rt III Financial Information | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
| а | Total plan assets | 7a | 1469342 | 1314668 |
| b | Total plan liabilities | 7b | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 1469342 | 1314668 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 10000 | |
| | (2) Participants | 8a(2) | 2600 | |
| | (3) Others (including rollovers) | 8a(3) | | |
| b | Other income (loss) | 8b | -81801 | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | -69201 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 85473 | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | |
| g | Other expenses | 8g | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 85473 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | -154674 |
| j | Transfers to (from) the plan (see instructions) | 8j | | |
| Pa | rt IV Plan Characteristics | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension | feature cod | es from the List of Plan Characterist | ic Codes in the instructions: |

| а | If the | plan | provid | les p | ension | benefits, | s, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: |
|---|--------|------|--------|-------|--------|-----------|---|
| | 2A | 2E | 2H | 2J | 3D | 3H | |

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| Part | V Compliance Questions | | | | |
|------|--|-----|-----|----|--------|
| 10 | During the plan year: | | Yes | No | Amount |
| а | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 1 | 10a | | Х | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | Х | |
| С | Was the plan covered by a fidelity bond? 1 | 10c | Х | | 500000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | X | |
| e | 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 instructions.) | 10e | | X | |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | Х | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | Х | | 10442 |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | Х | |
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | |

Page **3-** 1

| Part | VI | Pension Funding Compliance | | | | | | |
|------|-------|---|------------------|-----------------|-------|-------------|---------|------|
| 11 | | nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below) | | | B | | Yes | No |
| 11a | Ent | er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | 11a | | | | |
| 12 | ERI | his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | n 302 o | f | [| Yes | X No |
| а | | waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver. | | l enter _ Da | | e of the le | | ing |
| lf | you d | completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | 13. | | - | | | |
| b | Ente | r the minimum required contribution for this plan year | | 12b | | | | |
| С | Ente | r the amount contributed by the employer to the plan for this plan year | | 12c | | | | |
| d | | tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount) | | 12d | | | | |
| е | Will | the minimum funding amount reported on line 12d be met by the funding 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? | | | Ye | s X | No | |
| | lf "Y | es," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | |
| b | | re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC? | ght under the | | | Yes | × N | 0 |
| С | | luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.) | tify the plan(s) | to | | | | |
| 1 | 3c(1 |) Name of plan(s): | 13c(2) | EIN(s) | | 130 | :(3) PN | l(s) |
| | | | | | | | | |

| | Short Form Anni | ual Return/Repoi | t of Small Emp | loyee | Ċ | 0008 MB Nos. 1210-0110 MB Nos. 1210-0089 |
|--|---|--|--|---|--|---|
| Department of the Treasury Internal Revenue Service | | Benefit Plan | | | | 2018 |
| Department of Labor | This form is required to be fil Income Security Act of 197 | 4 (ERISA), and sections 6 |)57(b) and 6058(a) of th | | | |
| Employee Benefits Security Administratio | | Revenue Code (the Co | le). | | | orm is Open to |
| Pension Benefit Guaranty Corporation | Complete all entries in | n accordance with the ins | tructions to the Form (| 5500-SF. | | |
| | rt Identification Information | | | | | |
| or calendar plan year 2018 or | fiscal plan year beginning | 01/01/2018 | and ending | | 1/2018 | |
| A This return/report is for: | $\underline{\mathrm{X}}$ a single-employer plan | | olan (not multiemployer) mployer information in a | | - | |
| This solution and is | a one-participant plan | a foreign plan | | | | |
| 3 This return/report is | the first return/report | the final return/report | | | | |
| | an amended return/report | a short plan year ret | ırn/report (less than 12 r | nonths) | | |
| Check box if filing under: | Form 5558 | automatic extension | | DFVC pr | ogram | |
| | special extension (enter dese | cription) | | | | |
| Part II Basic Plan In | formation—enter all requested in | nformation | | | | |
| a Name of plan | • | | | 1b Three | e-digit | |
| | CIALTIES AND LOGISTIC | CS CO INC PROFIT | SHARING PLAN | | number | |
| | | | | (PN) | | 001 |
| | | | | 1c Effect | | |
| | | | | | 01/198 | |
| | ployer, if for a single-employer plan) pom, apt., suite no. and street, or P. | | | | oyer Identif 16−115 | ication Number |
| | nce, country, and ZIP or foreign pos | | structions) | | | hone number |
| SENECA FALLS SPE | CIALTIES AND LOGISTIC | CS CO INC | | | -568-41 | |
| | | | | 2d Busin | ess code (| see instructions) |
| 50 JOHNSTON ST | | | | | | |
| SENECA FALLS | NY 131 | 48 | | 2007 | 200 | |
| | | | | 3222 | | -111 |
| a Plan administrator's name | and address X Same as Plan Spo | onsor. | | 3b Admir | histrator s e | EIN |
| | | | | 30 Admir | nietrotor'e t | elephone number |
| | | | | JC Admin | | |
| | | | nature loss of filed for | | | |
| | the plan sponsor or the plan name h ponsor's name, EIN, the plan name | | | 4b EIN | | |
| this plan, enter the plan sp a Sponsor's name | | | | | | |
| this plan, enter the plan s a Sponsor's name c Plan Name | ponsor's name, EIN, the plan name | and the plan number from | the last return/report. | 4b EIN 4d PN | | |
| this plan, enter the plan sp a Sponsor's name C Plan Name a Total number of participan | bonsor's name, EIN, the plan name Its at the beginning of the plan year | and the plan number from | the last return/report. | 4b EIN 4d PN | | |
| this plan, enter the plan sp a Sponsor's name C Plan Name a Total number of participan b Total number of participan | bonsor's name, EIN, the plan name Its at the beginning of the plan year Its at the end of the plan year | and the plan number from | the last return/report. | 4b EIN 4d PN | | |
| this plan, enter the plan spansor's name C Plan Name Total number of participant b Total number of participants with C Number of participants with | bonsor's name, EIN, the plan name Its at the beginning of the plan year | and the plan number from | the last return/report. | 4b EIN 4d PN . 5a . 5b | | |
| this plan, enter the plan spansor's name C Plan Name a Total number of participan b Total number of participants wit complete this item) | bonsor's name, EIN, the plan name Its at the beginning of the plan year Its at the end of the plan year It account balances as of the end o | and the plan number from | the last return/report. | 4b EIN 4d PN . 5a . 5b 5c | | |
| this plan, enter the plan space of the | bonsor's name, EIN, the plan name its at the beginning of the plan year its at the end of the plan year h account balances as of the end o participants at the beginning of the p | and the plan number from of the plan year (only define plan year | the last return/report. | 4b EIN 4d PN . 5a . 5b 5c | | |
| this plan, enter the plan span, enter the plan span a Sponsor's name Plan Name Total number of participant Total number of participants wit complete this item) d(1) Total number of active place d(2) Total number of participants with participants with place | bonsor's name, EIN, the plan name its at the beginning of the plan year its at the end of the plan year ith account balances as of the end o participants at the beginning of the p participants at the end of the plan year ino terminated employment during th | and the plan number from of the plan year (only define plan year ear he plan year with accrued | the last return/report. | 4b EIN 4d PN 5a 5b 5c 5d(1) | | |
| this plan, enter the plan span, enter the plan span, a Sponsor's name Plan Name Total number of participant Total number of participants wit complete this item) d(1) Total number of active place of participants wit than 100% vested | bonsor's name, EIN, the plan name its at the beginning of the plan year its at the end of the plan year ith account balances as of the end o participants at the beginning of the p participants at the end of the plan year ino terminated employment during th | and the plan number from of the plan year (only define plan year he plan year with accrued | the last return/report. | 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e | | |
| this plan, enter the plan spansor's name Plan Name Total number of participant Total number of participants wit complete this item) d(1) Total number of active plansor of participants wit number of participants withan 100% vested Number of participants withan 100% vested aution: A penalty for the lat nder penalties of perjury and B or Schedule MB completed | bonsor's name, EIN, the plan name ts at the beginning of the plan year ats at the end of the plan year th account balances as of the end o coarticipants at the beginning of the plan year no terminated employment during the te or incomplete filing of this retu- other penalties set forth in the instru- and signed by an enrolled actuary. | and the plan number from of the plan year (only define plan year he plan year with accrued irn/report will be assesse uctions, I declare that I hav | the last return/report. d contribution plans penefits that were less d unless reasonable ca e examined this return/r | 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is estab | olished. | able, a Schedule |
| this plan, enter the plan span, enter the plan spansor's name C Plan Name a Total number of participant b Total number of participants wit complete this item) | bonsor's name, EIN, the plan name ts at the beginning of the plan year ats at the end of the plan year th account balances as of the end o coarticipants at the beginning of the plan year no terminated employment during the te or incomplete filing of this retu- other penalties set forth in the instru- and signed by an enrolled actuary. | and the plan number from of the plan year (only define plan year he plan year with accrued irn/report will be assesse uctions, I declare that I hav | the last return/report. d contribution plans penefits that were less d unless reasonable ca e examined this return/reportersion of this return/return/return/reportersion of this return/return | 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is estab eport, includir ort, and to the | olished. | able, a Schedule |
| this plan, enter the plan span, enter the plan spansor's name C Plan Name Total number of participants Total number of participants wit complete this item) d(1) Total number of active plants of participants wit complete this item) d(2) Total number of active plants of participants wit than 100% vested aution: A penalty for the late of the provided structure of the prov | bonsor's name, EIN, the plan name its at the beginning of the plan year its at the end of the plan year th account balances as of the end of participants at the beginning of the p participants at the end of the plan ye no terminated employment during the e or incomplete filing of this retu other penalties set forth in the instru- and signed by an enrolled actuary, mplete. | and the plan number from of the plan year (only define plan year | the last return/report. d contribution plans benefits that were less d unless reasonable ca e examined this return/r ersion of this return/report | 4b EIN 4d PN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is estab eport, includir ort, and to the | lished. ng, if applic best of my | able, a Schedule knowledge and |
| this plan, enter the plan sp a Sponsor's name C Plan Name Total number of participan b Total number of participan C Number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants wit than 100% vested aution: A penalty for the lat inder penalties of perjury and B or Schedule Mit completed elief, it is true, correct and co IGN ERE | bonsor's name, EIN, the plan name its at the beginning of the plan year its at the end of the plan year th account balances as of the end of participants at the beginning of the p participants at the end of the plan ye no terminated employment during the e or incomplete filing of this retu other penalties set forth in the instru- and signed by an enrolled actuary, mplete. | and the plan number from of the plan year (only define plan year he plan year with accrued irn/report will be assesse uctions, I declare that I hav | the last return/report. d contribution plans penefits that were less d unless reasonable ca e examined this return/reportersion of this return/return/return/reportersion of this return/return | 4b EIN 4d PN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is estab eport, includir ort, and to the | lished. ng, if applic best of my | able, a Schedule knowledge and |
| this plan, enter the plan span, enter the plan spansor's name C Plan Name a Total number of participant b Total number of participants wit complete this item) d(1) Total number of active plant of participants wit complete this item) d(2) Total number of active plant of participants wit than 100% vested aution: A penalty for the lat nder penalties of perjury and B or Schedule MB completed elief. It is true, correct and co igne | bonsor's name, EIN, the plan name its at the beginning of the plan year its at the end of the plan year th account balances as of the end of participants at the beginning of the p participants at the end of the plan ye no terminated employment during the e or incomplete filing of this retu other penalties set forth in the instru- and signed by an enrolled actuary, mplete. | and the plan number from of the plan year (only define plan year | the last return/report. d contribution plans benefits that were less d unless reasonable ca e examined this return/r ersion of this return/report | 4b EIN 4d PN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is estab eport, includir ort, and to the | lished. ng, if applic best of my | able, a Schedule knowledge and |

i

| | | · | Page Z | | | | | | | |
|----|---|-----------------------------|---|-----------------|----------|-----------|----------------|------------|---------|----------|
| 6a | Were all of the plan's assets during the plan year invested in eligit | ble assets? | ? (See instructions.) | | | | | XY | ′es 🗌 |] No |
| N | Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | | | | | | | | | |
| c | | | | | | | | Π | | |
| U | If the plan is a defined benefit plan, is it covered under the PBGC in | | | | | | | | etermi | |
| | If "Yes" is checked, enter the My PAA confirmation number from the | ne PBGC p | premium filing for this p | blan yea | .r | | | (See ins | tructic | ns.) |
| Pa | rt III Financial Information | | | | | | ····· , | | | |
| 7 | Plan Assets and Liabilities | an an an | (a) Beginning | of Year | <i>.</i> | | (b) End | l of Year | | |
| а | Total plan assets | . 7a | | 469, | | | | | 314 | ,668 |
| b | Total plan liabilities | . 7b | | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | . 7c | 1 | ,469, | 342 | | | 1, | 314 | ,668 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoui | | | | (b) | Total | | <u> </u> |
| a | | 8a(1) | | 10, | 000 | | (0) | | | |
| | (2) Participants | 8a(2) | | 2, | 600 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | |
| b | Other income (loss) | 1 | | -81, | 801 | | | | | · · · |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | | | | | | | -69 | ,201 |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 85, | 473 | | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | |
| g | Other expenses | 8g | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 85,47 | | | ,473 |
| i | Net income (loss) (subtract line 8h from line 8c) | | | | | | -154,67 | | | |
| j | Transfers to (from) the plan (see instructions) | | | | | | | | | |
| Pa | rt IV Plan Characteristics | | | | | | | | | <u> </u> |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2H 2J 3D 3H | feature co | des from the List of P | lan Cha | racteri | stic Code | es in the ins | tructions: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Chara | acterist | tic Codes | s in the instr | uctions: | | |
| Pa | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | | |
| a | Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | /oluntary F | iduciary Correction | 10a | | x | | | | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | t? (Do not i | include transactions | 10a | | x | | | | |
| c | | | | 10c | х | | | | 500, | . 000 |
| d | | fidelity bo | nd, that was caused | 100 | | x | | | | |
| e | 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.) | ner person: ne or all of | s by an insurance the benefits under | 10a | | x | | | | |
| f | | | | 10 6 | | x | | | | |
| | Did the plan have any participant loans? (If "Yes," enter amount a | | | 107 10g | х | | | | 10, | ,442 |

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i