## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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

2018

This Form is Open to **Public Inspection** 

		Identification Information									
For calendar	plan year 2018 or fis	scal plan year beginning 04/01/2	2018		and ending 0	3/31/2019					
A This return	n/report is for:	X a single-employer plan			an (not multiemployer) ( ployer information in ac		-				
		a one-participant plan	a foreign plan								
<b>B</b> This return	/report is	the first return/report	the	e final return/report							
		an amended return/report	a s	short plan year return	/report (less than 12 m	onths)					
C Check box	x if filing under:	Form 5558	au	utomatic extension		DFVC	program				
special extension (enter description)											
Part II	Basic Plan Info	rmation—enter all requested in	nformatio	on							
1a Name of	plan	INC. RETIREMENT SAVINGS PL				•	number	002			
						1c Effe	ctive date o				
20 Diamena		: ( for a simple complete manage)				0h =					
Mailing a	ddress (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		(if foreign, see instr	uctions)	ZD Emp (EIN	-	fication Number 536619			
-	ECTRIC MOTORS I		iai code	(ii loreign, see instit	uctions)	<b>2c</b> Spo	nsor's telep	hone number			
						2d Bus	iness code (	(see instructions)			
PO BOX 326	2.4					423600					
TROY, NY 1218	81										
								<b>-</b> 11.1			
3a Plan adm	<b>3a</b> Plan administrator's name and address ⊠ Same as Plan Sponsor.					<b>3b</b> Administrator's EIN					
						<b>3c</b> Administrator's telephone number					
		plan sponsor or the plan name h				<b>4b</b> EIN					
this plan <b>a</b> Sponsor'		nsor's name, EIN, the plan name a	and the	plan number from th	e last return/report.	4d PN					
C Plan Nan						<b>40</b> 110					
5a Total nur	mber of participants	at the beginning of the plan year.				5a		6			
		at the end of the plan year				5b		6			
		account balances as of the end of				5c		3			
<b>d(1)</b> Total r	number of active par	ticipants at the beginning of the p	olan year	r		5d(1)		6			
• •		rticipants at the end of the plan ye				. 5d(2)					
than 10	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested							0			
		or incomplete filing of this retur									
SB or Schedu		ner penalties set forth in the instrund signed by an enrolled actuary, ablete.									
0.0	iled with authorized/	valid electronic signature.		07/18/2019	CHUCK POWERS JR						
HERE	Signature of plan ac	dministrator		Date	Enter name of individ	ual signing	ı as plan adı	ministrator			
SIGN											
HERE	Signature of employ	yer/plan sponsor		Date	Enter name of individ	dual signing as employer or plan sponsor					

Form 5500-SF (2018) Page **2** 

6a	<b>Sa</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No
b								Vaa □ Na
	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 cann		Yes   No					
C	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th		. (See instructions.)					
Do	rt III   Financial Information							
7	Plan Assets and Liabilities		(a) Paginning	of Voor			(b) En	d of Voor
_ <u>'</u> a	Total plan assets	7a	(a) Beginning o	06236			(b) En	d of Year 650680
	Total plan liabilities	7a 7b		00200				000000
	Net plan assets (subtract line 7b from line 7a)	76 7c	60	06236	+			650680
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amoun				(b)	Total
	Contributions received or receivable from:		(a) Amoun				(10)	Total
	(1) Employers	8a(1)		6071				
	(2) Participants	8a(2)		9996	_			
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b	2	28627				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						44694
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		250				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						250
i	Net income (loss) (subtract line 8h from line 8c)	8i						44444
j	Transfers to (from) the plan (see instructions)	8i						
Pai	rt IV Plan Characteristics	<u> </u>						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	cteris	tic Coc	des in the inst	ructions:
Par	t V Compliance Overtions							
10					Yes	No	<u> </u>	Amazint
	During the plan year:  Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period		162	NO		Amount
_	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.)	•		10b		X		
С				10c	Χ			60000
d	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		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)				X			614
f						Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10f 10g	X			41768
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	he require	d notice or one of the	10i				

Form 5500-SF (2018)	Page <b>3</b> - 1
---------------------	-------------------

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes 🛚 No		
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		of	Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year		
lf y	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				
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 sign to the left of a negative 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 🔀 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 plan, or brought under control of the PBGC?	the	Yes X No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to				
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> PN(s)		

## Form 5500-SF

Department of the Tressury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Penalen Benefil 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).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Pension Ba	nefil Guaranty Corporation		scordance with the inetri	ictions to the Form 5500-	BF.				
Part I	Annual Report	Identification information							
For calenda	ar plan year 2018 or fis	cal plan year beginning	04/01/2018	and ending	03/31/201				
A This reti	urn/report is for:	a single-employer plan	Ist of participating emp	n (not multiemployer) (Filer ployer information in accord	_				
<b>B</b> This retu	rn/renori le	∐ a che-participant plan	∐ a foreign plan						
■ IIIIŞTELO	ититерот в	the first return/report	the final return/report						
		an amended return/report	a short plan year return	/report (less than 12 month	s)				
C Check b	oox If filing under:	Form 6558	automatic extension	r	FVC program				
		special extension (enter desc	MATTER STATE OF THE STATE OF TH						
Part II		rmation—enter all requested in	formation	146	Thres-digit				
1a Name	•	4-1 <b>7 7</b>	<b>.</b>	16	pien number				
	ate Electric N		(PN) ▶	002					
Savings	s Plan			10	Effective date of 07/15/198				
Mellino	rom ebulani) sambba i	yer, if for a single-employer plan) m, apt., suits no. and street, or P.0	D. Box)	1	Employer Identif				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Tri-State Electric Motors Incorporated					Sponsor's telep				
MOTOIS	incorporated	20	2d Business code (see instructions)						
PO Box	326								
Troy			NY	12181	423600				
3a Plan administrator's name and address 🗵 Same as Plan Sponsor.					Administrator's i	≣IN			
				30	Administrator's t	elephone number			
		e plan sponsor or the plan name h naor's name, EIN, the plan name :			4b EIN				
,	or's name	, ,			4d PN				
5a Total r	number of barticipants	at the beginning of the plan year.			5a /				
		at the end of the plan year			5b	6			
c Numb	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	3			
•	•	rticipants at the beginning of the p			d(1)	6			
d(2) Tot	al number of active pa	rticipants at the end of the plan ye	ear	5	d(2)	6			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.					5e	, 0			
Caution: A Under pent SB or Sche	A penalty for the late a alties of perjury and otle adule MS completed as	or incomplete filing of this return her penalties set forth in the instruind ad signed by an enrolled actuary.	n/report will be assessed ctions, I declare that I have	unless reasonable cause exemined this return/report	, including, if applic				
	Charles C	1 to Ke	7/18/19	CHUCK	POWER	5 ·ZR			
	Signature of plan a	dministrator 300 000 000 000	Parento de Date a como de la como	Enterneme of Individuel	eigning as plan adı	minietrator			
SIGN									
HERE	Signature of emplo	Enter name of Individual	individual signing as employer or plan sponsor						

Form 5500-SF (2018)		Page 2						
68 Were all of the plan's assets during the plan year invested in eli  b Are you daiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil  if you answered "No" to either line 6a or line 6b, the plan or	of an indeper ity and conditi	ident qualified public a	ccountar	it (IQI	PA)		X Ye	<b>-</b>
C If the plan is a defined benefit plan, is it covered under the PBG0  If "Yes" is checked, enter the My PAA confirmation number from	Cinsurance p	rogram (see ERISA se	ction 40	21)? .		Yes No	Not de	termined ructions.)
Part III Financial Information								
7 Pian Assats and Liabilities	1	(a) Beginning (				(b) End	of Year	
8 Total plan assets	7 <b>a</b>		606,2	36				50,680
b Total plan liabilities								.EO .COO
C Net plan essets (subtract line 7b from line 7a)	7¢		606,2	36				50,680
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	4		(d)	Total	
Contributions received or receivable from:     (1) Employers	8a(1)		6,0	_			i and an are to the last of the last of the	
(2) Participanis	8a(2)		9,9	96				
(3) Others (including rollovers)	8a(3)		20 (	<u>.  </u>				
<b>b</b> Other income (lose)			28,6	2 /				44 654
C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)			MEM 1 11/11/11	+				44,694
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)				1				
e Certain deemed and/or corrective distributions (see instructions				1		_		
f Administrative service providers (selaries, fees, commissions)			2	50	· · · · · · · · · · · · · · · · · · ·	-		
g Other expenses	1			1				
h Total expenses (add lines 8d, 8e, 8f, and 8g)				_				250
Net Income (loss) (subtract line 8h from line 8c)				十	· ·· ·			44,444
Transfers to (from) the plan (see instructions)				+	*****	*****		
							-4-41-442-4-4-1-1-1	٠.
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pens 2E 2F 2G 2J 2K 2T 3D								
b If the plan provides welfare benefits, enter the applicable welfa	re feature cod	les from the List of Pla	n Charac	terlet	ic Cod	es in the Inst	ruotione;	
Part V Compliance Questions							,	
10 During the plan year:				Yes	No		Amount	
Was there a failure to transmit to the plan any participant cont described in 29 CFR 2610.3-1027 (See Instructions and DOL Program)	's Voluntary F	Iduciary Correction	10a		х			
b Were there any nonexempt transactions with any party-in-inte reported on line 10a.)	rest? (Do not	include transactions	10b		Х			
C Was the plan covered by a fidelity bond?			10c	X				60,000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		х			
<ul> <li>Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides the plan? (See instructions.)</li></ul>	or all of	the benefits under	10-	Х	,			614
f Has the plan falled to provide any benefit when due under the	plan?		107		х			
g Did the plan have any participant loans? (If "Yes," enter amou	nt as of year-	end.)	10g	Х				41,768
h If this is an individual account plan, was there a blackout period 2520.101-3.)			10h		х			
If 10h was answered "Yes," check the box if you either provide acceptions to providing the notice applied under 28 GFR 2520			101					

		Form 5500-SF (2018)		Page 3-		}					
Part	VÌ.	Pension Funding Compliance						<u></u>			
11	is t	nis a defined benefit plan subject to minimum fi rm 5500) and line 11a below)	unding requirements? (If "Y	es," see instruct	ions ar	id complete Sc	hedule S	B 		Yes [	X No
11a	Ent	er the unpaid minimum required contributions t	or all yeers from Schedule	SB (Form 5500)	line 40	) <i></i>	11a				
12	ER (If	this a defined contribution plan subject to the m ISA? "Yes," complete line 12a or lines 12b, 12c, 12d	, and 12e below, as applic	able.)	*********		*************			Yes [	
a	if a gre	waiver of the minimum funding standard for a niting the waiver.	orior year is being amortize	d in this plan ye	ar, see	instructions, ar Month	nd enter t Day	he dete	of the le	tter rullr r	P8
H	you	completed line 12s, complete lines 3, 9, and	10 of Schedule MB (For	n 5500), and sk	p to flo	ne 13.		<del></del>	-	,"	
b	Ente	or the minimum required contribution for this pla	n year				. 12b				
	Ente	r the amount contributed by the employer to th	e plan for this plan year		*****		12c				
d		otract the amount in line 12o from the amount in					12d				
e	WII	i the minimum funding amount reported on line	12d be met by the funding	deadline?			\ \ \	Yes	No	N	/A
Part		Plan Terminations and Transfers									
13a	Hạ	e a resolution to terminate the plan been edopted i	n any pian year?					Yes	· 🗵	No	
**************************************	lf "	Yes," enter the amount of any plan assets that	reverted to the employer th	ls year			. 13a			·	
ь		ere all the plan assets distributed to participants							Yee	X No	
Ċ		during this plan year, any essets or liabilities we lch assets or liabilities were transferred. (See in		an to another pla	n(s), id	entify the plan(	s) to		····		
	130(	Name of plan(s):				130(	2) EIN(8)		130	(3) PN	(5)
		A 1000								···· ·	