Form 5500-SF         Short Form Annual Return/Report of Small Employee           Department of the Treasury         Benefit Plan						OMB Nos. 1210-0110 1210-0089			
Inte D	Pepartment of Labor Benefits Security Administration	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).							
	enefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	, , , , , , , , , , , , , , , , , , ,	,	500-SF	Public Inspection			
Part I	Period Denent Guarany Collaboration       Complete all entries in accordance with the instructions to the Form 5500-SF.         Part I       Annual Report Identification Information								
For calend	lar plan year 2018 or fis	scal plan year beginning 01/01/2	2018	and ending 12	2/31/2018				
A This re	turn/report is for:	a single-employer plan	list of participating er			ing this box must attach a ith the form instructions.)			
<b>B</b> This ret	urn/report is	a one-participant plan	a foreign plan						
		the first return/report an amended return/report	the final return/report	rn/report (less than 12 m	onths)				
C Check	box if filing under:	☐ Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descr				- 9			
Part II	Basic Plan Info	<b>rmation</b> —enter all requested inf							
1a Name	of plan	· · · ·			1b Three				
SULLIVAN	TRAIL LEGAL SOCIET	Y 403(B) PLAN			(PN)	number ▶ 001			
					1c Effec	tive date of plan 01/01/2012			
Mailin	g address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C			2b Empl (EIN)	oyer Identification Number 16-1398410			
	TRAIL LEGAL SOCIET	e, country, and ZIP or foreign post Y, INC.	al code (il foreign, see ins	tructions)	2c Spor	sor's telephone number 607-733-9187			
150 LAKE S	TREET - THIRD FLOO	D			2d Busir	ness code (see instructions)			
ELMIRA, NY						541110			
<b>3a</b> Plan a	administrator's name an	nd address 🛛 Same as Plan Spor	nsor.		<b>3b</b> Admi	nistrator's EIN			
					<b>3c</b> Admi	nistrator's telephone number			
		e plan sponsor or the plan name ha			4b EIN				
•	lan, enter the plan spor sor's name	nsor's name, EIN, the plan name a	and the plan number from	the last return/report.	<b>4d</b> PN				
C Plan N	Name								
5a Total	number of participants	at the beginning of the plan year			5a	9			
		at the end of the plan year			5b	9			
		account balances as of the end of			5c	9			
<b>d(1)</b> Tot	tal number of active par	rticipants at the beginning of the pl	an year		5d(1)	6			
• •		rticipants at the end of the plan year			5d(2)	6			
than	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested								
Caution: /	A penalty for the late of	or incomplete filing of this return ner penalties set forth in the instruc	n/report will be assessed	d unless reasonable cau					
SB or Sch		nd signed by an enrolled actuary, a							
SIGN HERE	Filed with authorized/	valid electronic signature.	07/19/2019	PAUL SARTORI					
neke	Signature of plan a	dministrator	Date	Enter name of individ	ual signing a	as plan administrator			
	L								
HERE	Signature of employ		Date	Enter name of individ	ual signing a	as employer or plan sponsor			
For Paperw	VOLK REQUCTION ACT NOTIC	e, see the Instructions for Form 5500	<i>i</i> -or.			Form 5500-SF (2018) v.171027			

	Were all of the plan's assets during the plan year invested in eligib	•		
D	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			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section 4021)?	Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pre	emium filing for this plan year	(See instructions.)
De	rt III Financial Information			
га 7				
<u> </u>	Plan Assets and Liabilities	_	(a) Beginning of Year 573085	(b) End of Year 580814
	Total plan assets	7a 	575065	300014
	Total plan liabilities	7b	570005	500014
	Net plan assets (subtract line 7b from line 7a)	7c	573085	580814
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	73572	
	(2) Participants	8a(2)	24500	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-29003	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		69069
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	60547	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	793	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		61340
i	Net income (loss) (subtract line 8h from line 8c)	8i		7729
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 $2E$ 2G 2M 2T	feature cod	es from the List of Plan Characteristic	c Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s 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)       10	a	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	Х	
С	Was the plan covered by a fidelity bond?	c X		57400
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10	d	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.)	e	x	
f	Has the plan failed to provide any benefit when due under the plan?	f	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	x	
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	)i		

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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	X 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 o	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	c(3) PN	۱(s)

Form 5500-SF	Short Form Annual	l Retu	irn/Report o	of Small Emplo	yee	C	MB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed u		nefit Plan	35 of the Employee Re	tiremen	t	2018
Department of Labor Employee Benefits Security Administra	Income Security Act of 1974 (E	ERISA), a Revenue	and sections 6057( Code (the Code).	b) and 6058(a) of the I	nternal	This F	orm is Open to ic Inspection
Pension Benefit Guaranty Corporat	Complete all entries in act	cordanc	e with the instruc	tions to the Form 55	00-SF.		
Part I Annual Rep	ort Identification Information	01/01	/2018	and anding	1	2/31/201	8
For calendar plan year 2018	or fiscal plan year beginning			and ending (not multiemployer) (F		and the second se	
A This return/report is for:	X a single-employer plan	list o	f participating emp ign plan	loyer information in ac	cordanc	e with the form	n instructions.)
B This return/report is	a one-participant plan		0.				
	the first return/report		al return/report	report (less than 12 mo	onthe)		
	an amended return/report	a sho	rt plan year return/	report (less than 12 mg	_		
C Check box if filing under:	Form 5558	autor	natic extension		DFV	C program	
	special extension (enter descrip	otion)					
Part II Basic Plan I	nformation-enter all requested infor	rmation			46 7	terra attaité	1
1a Name of plan						hree-digit Ian number	
Sullivan Trail Le	egal Society 403(b) Plan				(1	PN) 🕨	001
						ffective date of 1/01/201	
Mailing addross (include	mployer, if for a single-employer plan) e room, apt., suite no. and street, or P.O.	Box)				mployer Ident EIN)16-139	ification Number 8410
City or town state or pro	ovince, country, and ZIP or foreign postal egal Society, Inc.	I code (if	foreign, see instru	ctions)	2c S	,	ohone number
							(see instructions)
150 Lake Street .	- Third Floor						
			NY	14901		541110	
Elmira	ne and address 🛛 Same as Plan Spons	sor				dministrator's	EIN
					3c A	dministrator's	telephone numbe
4 If the name and/or EIN	of the plan sponsor or the plan name has	s change	ed since the last re	turn/report filed for	4b 6	EIN	
this plan, enter the plan a Sponsor's name c Plan Name	n sponsor's name, EIN, the plan name ar	nd the pl	an number from th	e last return/report.	4d i	PN	
5a Total number of partici	pants at the beginning of the plan year				. 5a		
b Total number of partici	pants at the end of the plan year					)	
c Number of participants	with account balances as of the end of the	the plan	year (only defined	contribution plans	50		
	ve participants at the beginning of the pla				5d(		
d(2) Total number of acti	ve participants at the end of the plan yea	ar				2)	
e Number of participant	s who terminated employment during the	e plan ye	ar with accrued be	nefits that were less	56	8	
Caution: A penalty for the	a late or incomplete filing of this return and other penalties set forth in the instruc- eted and signed by an enrolled actuary, a	n/report	will be assessed	examined this return/re	eport. in	cluding, if app	licable, a Schedul ny knowledge and
	· Sorton		7/19/19	Paul Sartori			
UEDE			Date	Enter name of individ	dual sig	ning as plan a	dministrator
Signature of	plan administrator	-	5.010			Manada	
SIGN HERE Simulture of	malovor/alan enongor		Date	Enter name of indivi	dual sig	ning as emplo	yer or plan spons
Signature of	employer/plan sponsor		Date	and hand of half		and and antipite	Form 5500-SF (201

 HERE
 Signature of employer/plan sponsor

 For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 6a Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA) b

Yes 53 

No

Are you claiming a walver of the annual examination and report of an independent qualities before the annual examination and report of an independent qualities of conditions (	X	Yes	N
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)			
under 29 CFR 2520.104-46? (See instituctions of marter engineer)			

## 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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ...... Yes No Not determined . (See instructions.) If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year\_

(b) End of Year (a) Beginning of Year Plan Assets and Liabilities 7 580,814 573,085 7a a Total plan assets ..... 7b b Total plan liabilities ..... 580,814 573,085 c Net plan assets (subtract line 7b from line 7a) ..... 7c (b) Total (a) Amount Income, Expenses, and Transfers for this Plan Year 8 a Contributions received or receivable from: 73,572 8a(1) (1) Employers ..... 24,500 8a(2) (2) Participants..... 8a(3) (3) Others (including rollovers)..... -29,003 8b b Other income (loss) ..... 69,069 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8c d Benefits paid (including direct rollovers and insurance premiums 60,547 8d to provide benefits) ... Certain deemed and/or corrective distributions (see instructions). 8e 793 8f Administrative service providers (salaries, fees, commissions) ..... f 8g g Other expenses ..... 61,340 h Total expenses (add lines 8d, 8e, 8f, and 8g) ..... 8h 7,729 Net income (loss) (subtract line 8h from line 8c) ..... 81 Transfers to (from) the plan (see instructions)..... 8j j Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2Ė 2Ġ 2M 2İ If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b **Compliance Questions** Part V Yes No Amount 10 During the plan year: a 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 Х 10a Program) ..... Were there any nonexempt transactions with any party-in-interest? (Do not include transactions b Х 10b reported on line 10a.).... 57,400 X Was the plan covered by a fidelity bond? ..... 10c C Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused d Х 10d by fraud or dishonesty? 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 X 10e ..... the plan? (See instructions.)..... X f Has the plan failed to provide any benefit when due under the plan? ..... 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) ..... Х 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h 2520.101-3.) ..... If 10h was answered "Yes," check the box if you either provided the required notice or one of the i 10i exceptions to providing the notice applied under 29 CFR 2520.101-3 .....

Part III Financial Information

## Form 5500-SF (2018)

Form 5500-SF (2018)

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Part '	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	edule S	B		es X 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 section ERISA?	n 302 o	f 	. [] Y	es 🛛 No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver	d enter Day	the date	of the letter Year	ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
	Enter the minimum required contribution for this plan year	12b			
		12c			
С	Enter the amount contributed by the employer to the plan for this plan year				
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		<u> </u>	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No [	N/A
Part					
	Has a resolution to terminate the plan been adopted in any plan year?		Yes	; XN	0
	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 the control of the PBGC?	9		Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan( which assets or liabilities were transferred. (See instructions.)				1
	13c(1) Name of plan(s): 13c(2	2) EIN(s	)	13c(3	) PN(s)