-	rm 5500-SF	Short Form Annua	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089		
	nal Revenue Service	This form is required to be filed				2018	
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (67(b) and 6058(a) of the le).	Internal	This Form is Open to		
Pension Be	enefit Guaranty Corporation	Complete all entries in a	tructions to the Form 55	Public Inspectio m 5500-SF.			
Part I		Identification Information					
For calend	ar plan year 2018 or fis	cal plan year beginning 01/01/20			2/31/2018	view while here we not extend of	
A This ret	turn/report is for:	a single-employer plan	list of participating e			king this box must attach a vith the form instructions.)	
B This rot	urn/report is	a one-participant plan	a foreign plan				
		the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram	
		special extension (enter descrip	otion)				
Part II	Basic Plan Info	rmation—enter all requested info	ormation			I	
1a Name	•				1b Thre		
TRI STATE	SEWER & DRAIN 401	(K) PLAN			plan (PN)	number 001	
					()	tive date of plan	
		······································				01/01/2017	
		ver, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Box)		2D Empl (EIN)	oyer Identification Number	
-	town, state or province SEWER & DRAIN, INC	e, country, and ZIP or foreign posta	l code (if foreign, see ins	tructions)	(/	nsor's telephone number 718-783-1000	
					2d Business code (see instructions)		
1287 ATLAN BROOKLYN	TIC AVENUE				238220		
DROOKLIN	, NT 11210						
3a Plan a	dministrator's name an	d address 🛛 Same as Plan Spons	sor.		3b Admi	nistrator's EIN	
					3c Admi	nistrator's telephone number	
1 If the r	ama and/ar EIN of the	plan anonaer or the plan name ha	a changed since the last	raturn/raport filed for	4b EIN		
		e plan sponsor or the plan name has nsor's name, EIN, the plan name ar					
•	or's name				4d PN		
C Plan N	lame						
5a Totalı	number of participants	at the beginning of the plan year			5a	12	
		at the end of the plan year			5b	9	
		account balances as of the end of th			5c	2	
d(1) Tot	al number of active par	ticipants at the beginning of the pla	n year		5d(1)	12	
d(2) Tot	al number of active par	ticipants at the end of the plan yea	r		5d(2)	9	
		terminated employment during the			5e	0	
Caution: A	penalty for the late of	or incomplete filing of this return	report will be assessed	d unless reasonable cau	use is estal	blished.	
SB or Sche		ner penalties set forth in the instruct nd signed by an enrolled actuary, as					
SIGN		valid electronic signature.	09/24/2019	JOEL KOHN			
HERE	Signature of plan a	-	Date	Enter name of individ	ual signing	as plan administrator	
SIGN					gg.		
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor	
		a see the Instructions for Form FEOO			aar orgining i		

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

Form 5500-SF (2018) v.171027

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b 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.								
С	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								
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)								
	If Yes is checked, enter the My PAA commation humber from th	е РБСС р	remum ming for this plan year						
Pa	art III Financial Information	е РБСС р	remum ning for this plan year						
Pa 7		e PBGC p		nd of Year					
Pa 7 a	Financial Information Plan Assets and Liabilities								
7	Art III Financial Information Plan Assets and Liabilities Total plan assets		(a) Beginning of Year (b) E	nd of Year					
7 2 b	Financial Information Plan Assets and Liabilities Total plan assets	7a 7b	(a) Beginning of Year (b) E	nd of Year					

	Net plan assets (subtract line 7b hom line 7a)	70	42400			42071
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)				
	(2) Participants	8a(2)				
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	406			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				406
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				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
i	Net income (loss) (subtract line 8h from line 8c)	8i				406
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 2A 2E 2J 2K 2F 2G 2R 3D	feature co	odes from the List of Plan Char	acteri	stic Code	s in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Chara	cterist	ic Codes	in the instructions:
Par	t V Compliance Questions					
10	During the plan year:			Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu	tions with	n the time period			

10			100		Anount
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)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	Was the plan covered by a fidelity bond?	10c	Х		10000
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.)	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	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	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 Annu	al Return/Report	of Small Empl	oyee	(DMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and 40	65 of the Employee R	etirement	1	2018	
Department of Labor Employee Benefits Security Administratio	Income Security Act of 1974	4 (ERISA), and sections 6057 Revenue Code (the Code).	(b) and 6058(a) of the	Internal		orm is Open to lic Inspection	
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instru	ctions to the Form 5	500-SF.			
	rt Identification Information			10/0	1 /0010		
or calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending		1/2018		
This return/report is for:	X a single-employer plan ☐ a one-participant plan	a multiple-employer plan list of participating emp a foreign plan					
This return/report is							
	the first return/report	the final return/report					
	an amended return/report	a short plan year return	report (less than 12 m	ionths)			
Check box if filing under:	∑ Form 5558 ☐ special extension (enter desc	automatic extension		DFVC pro	ogram		
Part II Basic Plan In	formation—enter all requested in	and the second distance of the second distanc					
a Name of plan	enter an requestor in			1b Three			
	& Drain 401(k) Plan			plan r (PN)	number	001	
				1c Effect			
					01/201		
a Plan sponsor's name (emp	oloyer, if for a single-employer plan)	0. 5				ification Number	
Mailing address (include re City or town, state or provi	oom, apt., suite no. and street, or P. ince, country, and ZIP or foreign pos	stal code (if foreign, see instru	ictions)	(EIN) 27-0779199			
Tri State Sewer				2c Sponsor's telephone number 718-783-1000			
						(see instructions)	
1287 Atlantic A	venue						
Brooklyn	NY 112	216		2382	220		
a Plan administrator's name	and address X Same as Plan Sp	onsor.		3b Admir	nistrator's	EIN	
				3c Admir	nistrator's	telephone numbe	
4 If the name and/or EIN of	the plan sponsor or the plan name	has changed since the last re	tum/report filed for		nistrator's	telephone numbe	
	the plan sponsor or the plan name ponsor's name, EIN, the plan name			4b EIN	nistrator's	telephone numbe	
					nistrator's	telephone numbe	
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 th	e last return/report.	4b EIN 4d PN	nistrator's		
this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participa	ponsor's name, EIN, the plan name	and the plan number from th	e last return/report.	4b EIN 4d PN	nistrator's		
this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participar b Total number of participarts wi c Number of participants wi	ponsor's name, EIN, the plan name nts at the beginning of the plan year nts at the end of the plan year ith account balances as of the end of	and the plan number from th	e last return/report.	4b EIN 4d PN 5a 5b	nistrator's		
 this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participan b Total number of participan c Number of participants with complete this item) 	ponsor's name, EIN, the plan name nts at the beginning of the plan year nts at the end of the plan year ith account balances as of the end o	e and the plan number from th	e last return/report.	4b EIN 4d PN 5a 5b 5c	nistrator's		
this plan, enter the plan s a Sponsor's name c Plan Name d Total number of participan b Total number of participants wi complete this item) d(1) Total number of active	ponsor's name, EIN, the plan name ints at the beginning of the plan year ints at the end of the plan year ith account balances as of the end of participants at the beginning of the	and the plan number from th r of the plan year (only defined plan year	e last return/report.	4b EIN 4d PN 5a 5b 5c 5d(1)	nistrator's		
this plan, enter the plan s a Sponsor's name c Plan Name d Total number of participan b Total number of participants wi complete this item) d(1) Total number of active d(2) Total number of active	ponsor's name, EIN, the plan name ints at the beginning of the plan year ints at the end of the plan year ith account balances as of the end of participants at the beginning of the participants at the end of the plan y	e and the plan number from th r of the plan year (only defined plan year	e last return/report.	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2)	nistrator's		
this plan, enter the plan s a Sponsor's name c Plan Name d Total number of participan b Total number of participants wi complete this item) d(1) Total number of active d(2) Total number of active e Number of participants wi than 100% vested	ponsor's name, EIN, the plan name ints at the beginning of the plan year ints at the end of the plan year ith account balances as of the end of participants at the beginning of the participants at the end of the plan y tho terminated employment during t	e and the plan number from th r of the plan year (only defined plan year rear he plan year with accrued be	e last return/report. contribution plans nefits that were less	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e			
 this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participan b Total number of participants wide complete this item) d(1) Total number of active d(2) Total number of active e Number of participants wide than 100% vested Caution: A penalty for the late of the penalties of perjury and the penalties of penaltie	ponsor's name, EIN, the plan name ints at the beginning of the plan year ints at the end of the plan year ith account balances as of the end of participants at the beginning of the participants at the end of the plan y who terminated employment during the te or incomplete filing of this return to the penalties set forth in the instra-	e and the plan number from th of the plan year (only defined plan year he plan year with accrued be urn/report will be assessed uctions, I declare that I have	e last return/report. contribution plans nefits that were less unless reasonable c. examined this return/r	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is estat report, includi	blished.	icable, a Schedule	
this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participan b Total number of participants wi complete this item) d(1) Total number of active d(2) Total number of active e Number of participants w than 100% vested Caution: A penalty for the la Under penalties of perfory and b or Schedule MP completes belief, it is true, correct, and co	ponsor's name, EIN, the plan name ints at the beginning of the plan year ints at the end of the plan year ith account balances as of the end of participants at the beginning of the participants at the end of the plan y who terminated employment during the te or incomplete filing of this return to the penalties set forth in the instra-	and the plan number from the plan number from the plan year (only defined plan year	e last return/report. contribution plans nefits that were less unless reasonable ca examined this return/report	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is estat report, includi	blished.	icable, a Schedule	
this plan, enter the plan s a Sponsor's name C Plan Name 5a Total number of participan b Total number of participants wi complete this item) d(1) Total number of active d(2) Total number of active e Number of participants wi than 100% vested Caution: A penalty for the la Under penalties of perjury and be or schedule MB completes belief, it is true, correct, and const SIGN	ponsor's name, EIN, the plan name ints at the beginning of the plan year ints at the end of the plan year ith account balances as of the end of participants at the beginning of the participants at the end of the plan y who terminated employment during the te or incomplete filing of this retu- l other penalties set forth in the instra- sent signed by an enrolled actuary and the set of th	and the plan number from the plan year (only defined plan year (only defined plan year	e last return/report. contribution plans nefits that were less unless reasonable c examined this return/r sion of this return/report Joel Kohn	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is estate eport, includit ort, and to the	blished. ng, if appl ⊳ best of m	ny knowledge and	
this plan, enter the plan s a Sponsor's name c Plan Name 5a Total number of participan b Total number of participants wi complete this item) d(1) Total number of active d(2) Total number of active e Number of participants w than 100% vested Caution: A penalty for the la Under penalties of perury and ab or Schedule M9 completed belief, it is true, correct, and constants SIGN	ponsor's name, EIN, the plan name ints at the beginning of the plan year ints at the end of the plan year ith account balances as of the end of participants at the beginning of the participants at the end of the plan y who terminated employment during the te or incomplete filing of this retu- l other penalties set forth in the instra- sent signed by an enrolled actuary and the set of th	and the plan number from the plan number from the plan year (only defined plan year	e last return/report. contribution plans nefits that were less unless reasonable ca examined this return/report	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is estate eport, includit ort, and to the	blished. ng, if appl ⊳ best of m	icable, a Schedule	

۰.

63										
Ua	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	b 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.)									
С	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									
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this plan year	(See instructions.)						
	Part III Financial Information									
Pa	art III Financial Information									
Ра 7	Financial Information Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
Pa 7 a	Plan Assets and Liabilities	7a	(a) Beginning of Year 42 , 465	(b) End of Year 42,871						
7	Plan Assets and Liabilities Total plan assets	7a 7b		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						
7 a b	Plan Assets and Liabilities Total plan assets	7b		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						

0	income, Expenses, and transiers for this Flan fear		(a) Amount	(D) TOtal
а	Contributions received or receivable from: (1) Employers	8a(1)		
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	406	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		406
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		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i	Net income (loss) (subtract line 8h from line 8c)	8i		406
j	Transfers to (from) the plan (see instructions)	8j		
Ра	rt IV Plan Characteristics			

9a	If the	plan	provid	des pe	ensior	n bene	efits, o	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	2A	2E	2J	2K	2F	2G	2R	3D	

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)	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?	10c	Х		10,000
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		Х	
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.).	10e		х	
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	
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-

Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)			iB	Yes 🗌 Ne	0
11a	Ente	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.)			f 	Yes X No	0
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in thing the waiver.		l enter Da		of the letter ruling Year	
lf	you c	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	Entei	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?			Yes	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?				Yes X No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ch assets or liabilities were transferred.	tify the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)	