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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information							
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018									
A This ret	turn/report is for:	X a single-employer plan	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 one-participant plan a foreign plan									
B This return/report is the first return/report the final return/report									
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	ım			
		special extension (enter descr	· ,						
Part II	Basic Plan Info	ormation—enter all requested inf	ormation						
1a Name of plan SAFETY & HEALTH COUNCIL 403(B) PLAN						it ber 001			
					1c Effective	date of plan 01/01/1994			
		oyer, if for a single-employer plan)			2b Employer	Identification Number			
		om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta		structions)	(EIN)	22-2348129			
		AFETY & HEALTH COUNCIL, INC.		,		s telephone number 18-438-2365			
					2d Business	code (see instructions)			
45 COLVIN / ALBANY, NY					813000				
,									
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spor	nsor.		3b Administra	ator's EIN			
					3c Administra	ator's telephone number			
						•			
4 If the r	name and/or FIN of th	e plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN				
this pl	lan, enter the plan spo	onsor's name, EIN, the plan name a							
a Spons c Plan N	or's name				4d PN				
C FIAITI	varrie								
5a Total	number of participants	s at the beginning of the plan year			5a	1			
		s at the end of the plan year			5b	0			
		account balances as of the end of t		· ·	5c	0			
d(1) Tot	al number of active pa	articipants at the beginning of the plant	an year		5d(1)	1			
		articipants at the end of the plan yea			. 5d(2)				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0				
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable car	use is establish	ed.			
SB or Sche		ther penalties set forth in the instructed and signed by an enrolled actuary, and lete.							
Sieit S				TIMOTHY SEELEY	Υ				
HERE Signature of plan administrator Date Enter name of individ					idual signing as plan administrator				
SIGN Filed with authorized/valid electronic signature. 10/11/2019 TIMOTHY SEELEY									
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	vidual signing as employer or plan sponsor				

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	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) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								Yes ☐ No Yes ☐ No	
	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	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determin								determined	
	If "Yes" is checked, enter the My PAA confirmation number from th					_				
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) E	nd of Yea	r	
a	Total plan assets	7a	, , , , ,	7734		0				
b	Total plan liabilities	7b		0		0				
	Net plan assets (subtract line 7b from line 7a)	7c		7734			0			
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	1+			(b) Total			
	Contributions received or receivable from:		(a) Amoun					o, rotar		
	(1) Employers	8a(1)		554						
	(2) Participants	8a(2)		400						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		1						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							955	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		8689						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					8689			
ī	Net income (loss) (subtract line 8h from line 8c)	8i				-7734			734	
Ť	Transfers to (from) the plan (see instructions)	8j		0						
Po	t IV Plan Characteristics	oj .		0						
	If the plan provides pension benefits, enter the applicable pension	footuro oc	ados from the List of Di	on Cho	rootori	iotio C	adaa in tha	inatruation	·	
Ja	2E 2L 2R 2T 3D	reature co	des nom the List of the	an Ona	iacien	istic Ci	oues in the	ii isti uctioni	o.	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the ir	structions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amoun	t	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period					7	<u> </u>	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V									
	Program)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 pla	n?		10f		X				
g			•	10g		X				
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						

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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 (Form 5500) and line 11a below)		SB	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		of the letter ruling Year
lf y	ou 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				
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
Part '	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		X 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 the control of the PBGC?				X Yes 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.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s)		13c(3) PN(s)

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 section 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.

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information 12/31/2018 01/01/2018 For calendar plan year 2018 or fiscal plan year beginning and ending a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach A This return/report is for: a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan the final return/report B This return/report is: the first return/report a short plan year return/report (less than 12 months) an amended return/report DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number Safety & Health Council 403(b) Plan 001 (PN) ▶ 1c Effective date of plan 01/01/1994 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street, or P.O. Box) (EIN) 22-2348129 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Northeastern New York Safety & Health Council, Inc. (518) 438-2365 2d Business code (see instructions) 45 Colvin Avenue 813000 US Albany NY 12206 Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year 5a 1 5b 0 b Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 0 complete this item) 5d(1) d(1) Total number of active participants at the beginning of the plan year 1 5d(2) 0 d(2) Total number of active participants at the end of the plan year Number of participants who terminated employment during the plan year with accrued benefits that were 5e 0 less than 100% vested 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 applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Timothy Seeley SIGN

Date

Date

Signature of plan administrator

Signature of employer/plan sponsor

HERE

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Timothy Seeley

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U.Y	~ -	

30 1	Nere all of the plan's assets during the plan year invested in eligible	accetc? (S	See instructions)						XYes	□No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							x Yes		
	if you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it covered under the PBGC in							□ No	Not	determined
	f "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	mium filing for this year _						(See instri	uctions.)
Pa	till Financial Information									
	Plan Assets and Liabilities		(a) Beginning of	Year				(b) End	of Year	
а	Total plan assets	. 7a		7,73	4	<u> </u>	-		190340	0
b	Total plan liabilities	. 7b			0					0
С	Net plan assets (subtract line 7b from line 7a)			7,73	4					0
В	Income, Expenses, and Transfers for this Plan Year	1000	(a) Amount			5. 456° 5.5°	www.	(b)	Total	
	Contributions received or receivable from: (1) Employers	. 8a(1)		55	4	4.3				
	(2) Participants	. 8a(2)		40					100	<u>1 (2 64 (3 6</u>
	(3) Others (including rollovers)	. 8a(3)			0	100	a. ta ba			
b	Other income (loss)	. 8b		2002 N FIRS	1	Yes, 18				a right grap
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			6, 10,	\$ 1000000	তে প্রার্থনিক্তিক	razagawaeni	Sarak ayasiyi	955
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		8,68	39	100				18.00
e	Certain deemed and/or corrective distributions (see instructions)	. 8e			0					
f	Administrative service providers (salaries, fees, commissions)	. 8f			0		TO SECURE AND SECURE OF			
g	Other expenses			** ***	0					
h h	Total expenses (add lines 8d, 8e, 8f, and 8g)			9.1					8	3,689
i	Net income (loss) (subtract line 8h from line 8c)	8i			Garage Park				(7,	734)
i	Transfers to (from) the plan (see instructions)	1			0	34.2	93.00	N. O.S.	kwit na sika	enti ya Ye n
Đ.	nt IV Plan Characteristics		<u> </u>	•						200 DAY - X02
25.	If the plan provides pension benefits, enter the applicable pension f	eature cod	es from the List of Plan Ch	aracte	eristic	Code	es in the	instruc	tions:	
-	2E 2L 2R 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Cha	racte	ristic	Codes	s in the	instruct	ions:	
P	rf V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contribu	utions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fi	duciary Correction			1				
	Program)			10a		X	5-10			1-0-
t	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		x				
C	Was the plan covered by a fidelity bond?			10c		х				
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
6		me or all of	the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plant the plant is th	an?		10f		х				
9	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g		x				Karanto
_	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		x				
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	d notice or one of the	10i						

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Form 5500-SF 2018

Parj	YI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500 and line 11a below)			☐ Yes	X No	o
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 sec ERISA?	tion 302	of	☐ Yes	X No	0
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver		r the date ay	of the letter Year	ruling	
If y	ou 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 the plan year	12c				
d	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)					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?] Yes [No 🗌	N/A	
Par	Plan Terminations and Transfers of Assets					20.
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	☐ No		
23 67	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		2 500		C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes 🗌	No	
C	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.)	n(s) to				
13c(1) Name of plan(s): 13c(2) Ell		EIN(s)		13c(3)	PN(s)	