Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

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 return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B 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 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ADIRONDACK SCENIC, INC. PROFIT SHARING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1985

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ADIRONDACK SCENIC, INC.

439 COUNTY ROUTE 45
ARGYLE, NY 12809

2b Employer Identification Number (EIN)
14-1566132

2c Plan Sponsor's telephone number
518-638-8000

2d Business code (see instructions)
711510

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 accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	JOEL KRASNOVE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	JOEL KRASNOVE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 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:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	166
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	153
a(2) Total number of active participants at the end of the plan year	**6a(2)**	147
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	15
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	162
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	162
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	148
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2H 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[ ]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
ADIRONDACK SCENIC, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADIRONDACK SCENIC, INC.

D Employer Identification Number (EIN)
14-1566132

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GLENS FALLS NATIONAL BANK AND TRUST

14-0696635

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 24 28 31 37 50 51 52 64	TRUSTEE	40032	Yes [X] No [ ]	Yes [X] No [ ]	2118	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GLENS FALLS NATIONAL BANK AND TRUST	15 21 24 28 31 37 50 51 52 64	2118
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NORTH COUNTRY FUNDS 14-1830177	ADVISOR FEE	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
ADIRONDACK SCENIC, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADIRONDACK SCENIC, INC.

D Employer Identification Number (EIN)
14-1566132

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	500000	360000
(2) Participant contributions	1b(2)		51
(3) Other	1b(3)	4560	6150
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	92947	115922
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5411215	5810460
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	6008722	6292583
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6008722	6292583

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	360000	
	(B) Participants	2a(1)(B)	414354	
	(C) Others (including rollovers)	2a(1)(C)	110035	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		884389
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5075	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	5154	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10229
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	99716	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		99716
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-488124
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		506210
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	172560	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		172560
f Corrective distributions (see instructions)	2f		9756
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	6533	
(3) Investment advisory and management fees	2i(3)	33499	
(4) Other	2i(4)	1	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		40033
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		222349
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		283861
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: UHY ADVISORS, INC. **(2)** EIN: 20-0694403

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c 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.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
ADIRONDACK SCENIC, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADIRONDACK SCENIC, INC.

D Employer Identification Number (EIN)
14-1566132

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 23-3060382

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

ADIRONDACK SCENIC, INC.
PROFIT SHARING 401(k) PLAN

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

December 31, 2018 and 2017

ADIRONDACK SCENIC, INC.
PROFIT SHARING 401(k) PLAN

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits as of December 31, 2018 and 2017	3
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2018 and 2017	4
Notes to Financial Statements	5
Supplemental Schedules	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)*	12
Schedule H, Line 4j – Schedule of Reportable Transactions*	14

** Other schedules required by 29CFR2520.103.10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because they are not applicable.*

UHY LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

Adirondack Scenic, Inc. Profit Sharing 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Adirondack Scenic, Inc. Profit Sharing 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Glens Falls National Bank and Trust Co., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

UHY LLP
Certified Public Accountants

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of Schedule H, Item 4I, Schedule of Assets (Held at End of Year) as of December 31, 2018 and Schedule H, Item 4J, Schedule of Reportable Transactions for the Plan year ended December 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Prior Period Financial Statements

The financial statements as of and for the year ended December 31, 2017 were audited by Flynn, Walker, Diggin, C.P.A., P.C. which merged with UHY, LLP as of October 16, 2018 and whose report dated September 26, 2018, expressed a disclaimer of opinion.

UHY LLP

Saratoga Springs, New York
October 10, 2019

ADIRONDACK SCENIC, INC. PROFIT SHARING 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2018 and 2017

	2018	2017
ASSETS		
Investments, at fair value:		
Cash Equivalents	**$ 201,985**	$ 305,398
Mutual Funds	**5,608,475**	5,105,817
Receivables:		
Employer contributions	**360,000**	500,000
Employee contributions	**51**	-
Dividends and interest receivable	**6,150**	4,560
Notes receivable from participants	**108,491**	75,024
Notes receivable from participants - related parties	**7,430**	17,923
Total assets	**6,292,582**	6,008,722
LIABILITIES		
Excess contributions payable - participants	**24,274**	9,756
Net assets available for benefits	**$ 6,268,308**	$ 5,998,966

See accompanying notes to financial statements.

ADIRONDACK SCENIC, INC. PROFIT SHARING 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2018 and 2017

	2018	2017
ADDITIONS:		
Investment income		
Dividends	**$ 104,789**	$ 192,215
Net (depreciation) appreciation in fair market value of investments	**(488,124)**	583,842
Other loss	**-**	(41)
Interest income on notes receivable from participants	**5,154**	4,847
Contributions		
Employer contributions	**360,000**	500,000
Participant contributions	**414,354**	322,391
Participant rollovers	**110,035**	11,266
Total additions	**506,208**	1,614,520
DEDUCTIONS:		
Benefits paid to participants	**196,834**	243,525
Administrative expenses	**40,032**	32,905
Total deductions	**236,866**	276,430
Net increase	**269,342**	1,338,090
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	**5,998,966**	4,660,876
End of year	**$ 6,268,308**	$ 5,998,966

See accompanying notes to financial statements.

NOTE 1 — PLAN DESCRIPTION AND BASIS OF PRESENTATION

The following description of the Adirondack Scenic, Inc. Profit Sharing 401(k) Plan is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

Adirondack Scenic, Inc. (the 'Company') established the Adirondack Scenic, Inc. Profit Sharing 401(k) Plan (the 'Plan') effective as of January 1, 1985. On January 1, 2015, the Plan was amended and operates, in relevant part, as a profit sharing plan and as a 401(k) plan, and is subject to the applicable provisions for the Employee Retirement Income Security Act of 1974 ('ERISA'), as amended.

Eligibility

Employees of the Company are eligible to participate in the profit sharing portion of the Plan after two years of service providing they worked at least 1,000 hours during such plan years and have attained age 21. Employees of the Company are eligible to participate in the 401(k) portion of the Plan after one year of service providing they worked at least 1,000 hours during such plan year and have attained age 21.

Contributions

The amount of the employer contributions for the profit sharing portion of the Plan and employer matching contributions for the 401(k) portion of the Plan are discretionary and are determined annually by the management of Adirondack Scenic, Inc. Participants meeting eligibility requirements that are employed on the last day of the Plan year are eligible to receive employer contributions. Participants share in Employer contributions regardless of the amount of service in the year of death, disability or termination of employment on or after normal retirement age.

Participants have the option to defer eligible compensation up to the maximum amount allowable to the 401(k) portion of the Plan. Participants have the option to designate deferrals as Roth contributions on an after-tax basis. Participants are permitted to make rollover contributions.

Participants may diversify their employee elective deferrals and rollovers into certain investments including money market and mutual funds. Contributions are automatically invested in a designated mutual fund until changed by the participant. The Plan Administrator directs investments for the profit sharing portion of Plan into money market and mutual funds.

Participant Accounts

Each participant's account is credited with participant contributions and an allocation of (a) Employer contributions (if any) and, (b) Plan earnings (losses) and charged with an allocation of any administrative expenses paid by the Plan. The Employer's contribution to the profit sharing portion of the Plan is allocated to each eligible participant in proportion to compensation. The Employer matching contributions to the 401(k) portion of the Plan is allocated based on a uniform percentage of the participant's elective deferrals. Investment earnings or losses (including net appreciation or depreciation) are allocated on the basis of participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's accounts.

NOTE 1 — PLAN DESCRIPTION AND BASIS OF PRESENTATION (Continued)

Vesting

Participants are immediately vested in their contributions and employer contributions plus actual earnings thereon.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of a participant's vested account balance. Notes are secured by the participant's account balance and bear interest at rates determined by the Plan's administrator by reviewing the interest rates charged for similar types of loans by other lenders. Participants may only have one outstanding note at a time. In general, the terms of the note may not exceed five years and the notes are required to be paid by payroll deductions.

Payment of Benefits

Distributions from the Plan will be made upon termination of employment, retirement, death (in which case, payment shall be made to his or her beneficiary or, if none, his or her legal representatives), disability, or under prescribed circumstances in the event of financial hardship.

Distributions are made in cash in an amount equal to the value of the participant's account in either a lump sum amount or partial withdrawal.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted accounting principles in the Unites States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2018 and 2017, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2018 was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Glens Falls National Bank (the trustee of the Plan).

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

Investments held in the Plan are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold during the year as well as unrealized appreciation on investments held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2018, and 2017, no allowance for credit losses has been recorded. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Excess Contributions Payable

Amounts payable to participants totaling $24,274 and $9,756 for the years ended December 31, 2018 and 2017, respectively, for contributions in excess of amounts allowed by the IRS are recorded as excess contributions payable, with a corresponding reduction to participant contributions. The Plan distributes excess contributions prior to March 15 of the following year.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the plan are paid by the Company and are therefore excluded from these financial statements. Investment related expenses are included in the net appreciation (depreciation) in fair value of investments. Administrative expenses of the plan are allocated to participant accounts.

Reclassification

Certain prior year amounts have been reclassified to current period presentation.

Subsequent Events

The Plan Administrator has evaluated subsequent events through October 10, 2019, the date the financial statements were available to be issued.

NOTE 3 — FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 - Inputs consist of unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

- Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

    - quoted prices for similar assets or liabilities in active markets;
    - quoted prices for identical or similar assets or liabilities in inactive markets;
    - inputs other than quoted prices that are observable for the asset or liability;
    - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

  If the asset or liability has a specified (contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 – Inputs to the valuation methodology are both significant to the fair value measurement and unobservable (i.e. supported by little or no market activity).

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Cash Equivalents: Cash equivalents primarily include high-quality money market funds that are highly liquid instruments with original maturities of three months or less. Money market funds are valued at the closing price reported by the fund sponsor from an actively traded exchange. These are included within cash equivalents as Level 1 measurements in the table below.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

NOTE 3 — FAIR VALUE MEASUREMENTS (Continued)

The following table presents the fair value hierarchy for the Plan's financial assets measured at fair value on a recurring basis as of December 31, 2018 and 2017:

	Fair Value Measurements as of December 31, 2018	Fair Value Measurements as of December 31, 2017
	Level 1	Level 1
Cash Equivalents	$ 201,985	$ 305,398
Mutual Funds	5,406,490	5,105,817
	$ 5,608,475	$ 5,411,215

NOTE 4 — NONPARTICIPANT-DIRECTED INVESTMENTS

The following table represents information about the net assets and significant components of the changes in net assets relating to the nonparticipant–directed investments in the profit sharing portion of the Plan as of December 31, 2018 and 2017:

	2018	2017
Employer's contribution receivable	$ 360,000	$ 500,000
Investments	2,481,927	2,321,399
Dividend receivable	4,795	3,745
Total	$ 2,846,722	$ 2,825,144

The following table represents information about the changes in Net Assets of nonparticipant directed investments for the year ended December 31, 2018:

Dividends	$ 45,301
Employer contributions	360,000
Net depreciation in fair market value of investments	(216,079)
Distributions to participants	(118,761)
Administrative expenses	(16,726)
Transfers to/from participant directed, net	(32,157)
Total	$ 21,578

NOTE 6 — EMPLOYER CONTRIBUTIONS

As of December 31, 2018, the Plan had an employer contribution receivable in the amount of $360,000. This amount was received on March 14, 2019.

As of December 31, 2017, the Plan had an employer contribution receivable in the amount of $500,000. This amount was received on March 12, 2018.

NOTE 7 — TERMINATION

Although it has not expressed any intention to do so, the Company reserves the right to terminate the Plan at any time, subject to the provisions set forth in ERISA. Upon such termination of the Plan, no further contributions will be made to the Plan and all amounts credited to participant's accounts will continue to be 100% vested.

NOTE 8 — TAX STATUS

The IRS has determined and informed the Plan sponsor by a letter dated March 31, 2014, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

NOTE 9 — RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 10 — RELATED PARTY TRANSACTIONS

The Plan had a notes receivable from participants that are related parties for the years ended December 31, 2018 and 2017 totaling $7,430 and $17,923, respectively.

Certain Plan investments are shares of mutual funds managed by Glens Falls National Bank and Trust Co., the trustee as defined by the Plan. Fees paid by the Plan for the investment management services amounted to $40,032 and $32,884 for the years ended December 31, 2018 and 2017, respectively.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 11 — RECONCILIATION OF NET ASSETS PER THE FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2018 and 2017, to Form 5500:

	2018	2017
Net assets available for benefits per financial statement	$6,268,308	$5,998,966
Add: Excess contributions payable	24,274	9,756
Net assets available for benefits per Form 550, Schedule H	$6,292,582	$6,008,722

The following is a reconciliation of benefits paid to participants per the financial statements to for the year ended December 31, 2018, to Form 5500:

Benefits paid to participants per the financial statements	$ 196,834
Add: Excess contributions payable - participants at December 31, 2017	9,756
Less: Excess contributions payable - participants at December 31, 2018	(24,274)
Distributions paid to participants per Form 5500	$ 182,316

SUPPLEMENTAL SCHEDULES

ADIRONDACK SCENIC, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, ITEM 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR)
December 31, 2018

Plan Sponsor EIN: 14-1566132 / Plan Number: 001

(a)	(b) Identity of Issue	(c) Description	(d) Cost	(e) Market Value
	Money Market and Mutual Funds			
	Blackrock Liquidity Funds Treasury Fund Portfolio	201,985.08 shares		$ 201,985
	Clearbridge International Growth Fund	3,054.30 shares		127,060
	Dodge & Cox International Stock Fund	184.36 shares		6,805
	Dodge & Cox Stock Fund	531.39 shares		91,830
	DWS Eafe Equity Index INSTL Fund	656.74 shares		3,343
	Fam Small Cap Fund	1,935.98 shares		29,117
	Fam Value Fd	439.37 shares		29,148
	Fidelity Balanced Fund	3,829.29 shares		79,075
	Fidelity Overseas Fund	2,939.81 shares		120,179
	Fidelity Select Gold Portfolio	332.14 shares		6,002
	Fidelity Value Fund	3,247.16 shares		28,250
	Goldman Sachs Large CAP Value Insight Fund	15,654.11 shares		292,575
	Goldman Sachs Emerging Markets Equity Insights Fund	2,299.67 shares		20,237
	Goldman Sachs US Equity Insights Fund	14,589.67 shares		627,794
*	North Country Equity Growth Fund	8,294.36 shares		132,959
*	North Country Intermediate Bond Fund	21,943.14 shares		216,360
	Nuveen Preferred Securities Fund	6,880.42 shares		108,573
	Pimco Commodity Real Return Strategy Fund	3.93 shares		22
	Pimco Foreign Bond Fund	548.22 shares		5,833
	Pimco Low Duration Fund	16,109.33 shares		156,260
	Pimco Short Term Fund	10,121.46 shares		98,785
	Principal Smallcap Fund	1,820.17 shares		34,274
	SPDR S&P ETF Trust	2,400.00 shares		599,808
	T Rowe Price Growth Stock Fund	2,449.99 shares		140,017
	T Rowe Price New Asia Fund	235.58 shares		3,649
	T Rowe Price Real Estate Fund	804.38 shares		19,949
	Vanguard 500 Index Fund	2,580.39 shares		597,205
	Vanguard Balanced Index-ADM Fund	3.05 shares		101
	Vanguard High Yield Corp-ADM Fund	3,336.52 shares		18,117
	Vanguard Mid-Cap Growth Index Fund	943.73 shares		48,583
	Vanguard Mid-Cap Index Fund	4,251.31 shares		727,143
	Vanguard Mid-Cap Value Index Fund	65.23 shares		3,218
	Vanguard Selected Value Fund	271.36 shares		6,100
	Vanguard Short-Term Bond Index Fund	101.28 shares		1,044
	Vanguard Small-Cap Growth Index Fund	1,701.95 shares		90,118
	Vanguard Small-Cap Index Fund	980.29 shares		61,984
	Vanguard Small-Cap Value Index Fund	1.31 shares		64
	Vanguard Target Retire 2040 Fund	116.29 shares		3,757

ADIRONDACK SCENIC, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, ITEM 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued
December 31, 2018

Plan Sponsor EIN: 14-1566132 / Plan Number: 001

(a)	(b) Identity of Issue	(c) Description		(e) Market Value
	Money Market and Mutual Funds, Continued			
	Vanguard Target Retire 2045 Fund	5,436.72	shares	109,876
	Vanguard Target Retire 2055 Fund	184.68	shares	6,519
	Vanguard Target Retirement 2035 Fund	101.12	shares	1,903
	Vanguard Total Bond Market Index Fund	14,829.33	shares	154,966
	Vanguard Wellington Fund	8,755.58	shares	561,233
	Western Asset Core Bond Fund	19,512.69	shares	238,640
	Total Mutual Funds			$5,810,460
	Notes Receivable From Participants			
	Participant Loans - 4.75% - 6.00% Interest Rates		-	$ 108,491
*	Participant Loans - Related Parties - 4.75% Interest Rates		-	7,430
	Notes Receivable From Participants			$ 115,921
	Total:			$5,926,381

*Represents party-in-interest transaction.

The information in this schedule has been certified as to its completeness and accuracy by Glens falls National Bank and Trust Co., the Trustee.

ADIRONDACK SCENIC, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, ITEM 4J – SCHEDULE OF REPORTABLE TRANSACTIONS
5% TRANSACTIONS BY BROKER
For the Period January 1, 2018 through December 31, 2018

EIN: 14-1566132 / Plan Number: 001

(a) Identity of Party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	Number of Transaction	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transactions	(g) Cost of asset	(h) Current Value of Asset on transaction date	(i) Net gain
Category (a):									
Blackrock	Blackrock Liquidity Funds Treasury Fund Portfolio		$ 500,000	$ -	$ -	$ -	$ 500,000	$ 500,000	$ -
Blackrock	Blackrock Liquidity Funds Treasury Fund Portfolio			$ 330,651	$ -	$ -	$ 330,651	$ 330,651	$ -
Category (b):									
None									
Category (c):									
Blackrock	Blackrock Liquidity Funds Treasury Fund Portfolio	4	$ 500,000	$ 673,887	$ -	$ -	$ 1,173,887	$ 1,173,887	$ -
Category (d):									
None									

Reportable transactions for the purposes of this schedule include:

Category (a)	A single transaction within the plan year in excess of 5% of the current value of the plan assets at the beginning of the plan year;
Category (b)	Any series of transactions with, or in conjunction with, the same person, involving property other than securities, amounting in the aggregate within the plan year (regardless of the category of asset and the gain or loss on any transaction) to more than 5% of the current value of plan assets at the beginning of the plan year;
Category (c)	Any series of transactions involving securities of the same issue that, within the plan year, amount in the aggregate to more than 5% of the current value of the plan assets at the beginning of the plan year;
Category (d)	Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with that person exceeds 5% of the current value of plan assets at the beginning of the plan year.

ADIRONDACK SCENIC, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, ITEM 4I – SCHEDULE OF ASSETS HELD (AT END OF YEAR)
December 31, 2018

Plan Sponsor EIN: 14-1566132 / Plan Number: 001

(a)	(b) Identity of Issue	(c) Description	(d) Cost	(e) Market Value
	Money Market and Mutual Funds			
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ADIRONDACK SCENIC, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, ITEM 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued
December 31, 2018

Plan Sponsor EIN: 14-1566132 / Plan Number: 001

(a)	(b) Identity of Issue	(c) Description		(e) Market Value
	Money Market and Mutual Funds, Continued			
	Vanguard Target Retire 2045 Fund	5,436.72	shares	109,876
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	Total Mutual Funds			$5,810,460
	Notes Receivable From Participants			
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	Notes Receivable From Participants			$ 115,921
	Total:			$5,926,381

*Represents party-in-interest transaction.

The information in this schedule has been certified as to its completeness and accuracy by Glens falls National Bank and Trust Co., the Trustee.

COMPUTED ON A 12/31/17 VALUE OF $2,378,548.76

DATE	PAR VALUE OR SHARES	DESCRIPTION	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	FEDERAL TAX COST
		CAP INSTITUTIONAL SERVICES INC			
04/09/18	250.0000	PURCHASED ISHARES MSCI ALL COUNTRY ASIA	17.50	19,322.48-	19,322.48
11/28/18	250.0000	SOLD ISHARES MSCI ALL COUNTRY ASIA	17.50	16,402.32	19,322.48-
11/28/18	2,500.0000	SOLD ISHARES MSCI EMERGING MKT ETF	175.00	100,473.94	95,487.39-
		TOTAL CAP INSTITUTIONAL SERVICES INC	210.00	136,198.74	95,487.39-
		TOTAL ALL BROKERS	210.00	136,198.74	95,487.39-