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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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.)
- ☒ 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:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
TAMBE ELECTRIC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

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)
TAMBE ELECTRIC, INC.

614 FISHERS RUN
VICTOR, NY 14564

2b Employer Identification Number (EIN)
16-1011476

2c Plan Sponsor's telephone number
585-924-8700

2d Business code (see instructions)
238210

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.	08/12/2020	STACEY BATTISTI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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**	151
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)**	144
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**	6
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	153
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	153
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	87
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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 2G 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
TAMBE ELECTRIC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
16-1011476

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).. . . . . [X] 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	7831	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MORGAN STANLEY SMITH BARNEY

26-4310632

(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?
55	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	18608	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 [ ]

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AB INTL VALUE A - ALLIANCEBERNSTEI	18, RUE EUGNE RUPPERT LUXEMBOURG, LU L-245 LU	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ALZGI NFJ DIV VAL A - DST ASSET MA	430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BNYM S&P 500 INDEX - BNY MELLON TR	DREYFUS TRANSFER INC 200 PARK AVENUE NEW YORK, NY 10166	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL LG CAP GR OP A - COLUMBIA MGT	PO BOX 219104 KANSAS CITY, MO 64121-9104	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL SM CAP VAL II A - COLUMBIA MGT	PO BOX 219104 KANSAS CITY, MO 64121-9104	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM MID CAP GROWTH A - DST ASSET M	430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIM INV GR CR BD A - DST ASSET MAN 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.20%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	55	18608

(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.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	

(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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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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
TAMBE ELECTRIC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
16-1011476

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1230	6042
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	87439	134463
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6753504	8620623
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	6842173	8761128
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
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	6842173	8761128

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)	75506	
	(B) Participants	2a(1)(B)	515048	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		590554
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	40	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	6772	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6812
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	551439	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		551439
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
	(B) Other	2b(5)(B)	0	
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1080936
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2229741
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	293830	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		293830
f Corrective distributions (see instructions)	2f		9125
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	7831	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		7831
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		310786
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1918955
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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) ☐ Unmodified **(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: JAUFMANN & CENTOLA, P.C. **(2)** EIN: 16-1293702

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		X	

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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
TAMBE ELECTRIC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
16-1011476

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): 04-6568107

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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

TAMBE ELECTRIC, INC 401(k) PLAN

FINANCIAL STATEMENTS

AND

SUPPLEMENTARY INFORMATION

FOR THE YEARS ENDED
DECEMBER 31, 2019 AND 2018

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JAUFMANN & CENTOLA
CERTIFIED PUBLIC ACCOUNTANTS, P.C.

INDEPENDENT AUDITORS' REPORT

To the Trustees
Tambe Electric, Inc. 401(k) Plan
614 Fishers Run
Victor, NY 14564

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Tambe Electric, Inc. 401(k) plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years ended December 31, 2019 and 2018, 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 included 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 audit procedures with respect to the information summarized in Note 8, which was certified by Fidelity Investments, the trustee of the plan, except for comparing such 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 December 31, 2019 and 2018, and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

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.

1000 Pittsford-Victor Road Pittsford, NY 14534
Phone: (585) 248-3630 Fax: (585) 248-2036 www.j-ccpa.com

Other Matter

The supplemental Schedules, Schedule 2019 Schedule H, Line 4I - Schedule of Assets (Held at End of Year) and 2018 Schedule H, Line 4I, Schedule of Assets (Held at End of Year) are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for 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 these supplemental schedules.

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 American 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.

Jaufmann & Centola, PC

JAUFMANN & CENTOLA, P.C.
CERTIFIED PUBLIC ACCOUNTANTS
PITTSFORD, NEW YORK 14534

August 4, 2020

TAMBE ELECTRIC, INC 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

ASSETS

	2019	2018
Assets		
Interest-bearing Cash	$ 6,042	$ 1,230
Investments at Fair Value	8,620,623	6,753,504
Receivables		
Notes Receivable From Participants	134,463	87,439
TOTAL ASSETS	$ 8,761,128	$ 6,842,173

LIABILITIES AND NET ASSETS

	2019	2018
Liabilities		
Corrective Distributions Payable	$ 32,410	$ 9,118
Net Assets Available for Plan Benefits	$ 8,728,718	$ 6,833,055
TOTAL LIABILITIES AND NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	$ 8,761,128	$ 6,842,173

The accompanying notes are an integral part of the financial statements.

TAMBE ELECTRIC, INC 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

	2019	2018
Additions to Net Assets Attributed to		
Contributions		
Employer Contributions	$ 75,506	$ 74,240
Employee Contributions	515,048	503,087
Total Contributions	$ 590,554	$ 577,327
Interest Earned on Loan Security Accounts	6,772	6,454
Interest	39	36
Dividends	551,439	669,272
Net Investment Gains/(Losses)	1,080,937	(1,246,093)
Total Additions	$ 2,229,741	$ 6,996
Deductions from net assets attributed to		
Payments to Participants		
Distributions	$ 293,830	$ 185,741
Corrective Distributions	32,417	9,118
Total Payments to Participants	$ 326,247	$ 194,859
Other Deductions		
General and Administrative Expenses	7,831	10,706
Total Deductions	$ 334,078	$ 205,565
Net Increase	$ 1,895,663	$ (198,569)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	6,833,055	7,031,624
End of year	$ 8,728,718	$ 6,833,055

The accompanying notes are an integral part of the financial statements.

TAMBE ELECTRIC INC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Tambe Electric, Inc. ("Company") 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. Tambe Electric, Inc. is referred to in the notes as the Company or the Sponsor.

General

The Plan (which is a 401(k) plan) is a defined contribution plan covering all employees of the Company who have one year of service with the Company having worked more than 1,000 hours that year and having obtained the age of 21. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by a committee appointed by the Company. Third Party Administrators (the Trustee) serves as the Trustee of the Plan, maintains the records of the participant data and holds the Plan assets.

Contributions

Each year, Participants may contribute up to 75% of eligible compensation up to the maximum permitted by law (Code Section 401(k)) in pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company contributes 25% of the deferral capped at 6% of eligible compensation. Participants direct the investment of their employer match into various investment options offered by the Plan.

Additional profit sharing amounts may be contributed at the option of the Company's Board of Directors.

Contributions are subject to certain IRS limitations.

Participant Accounts

Each Participant's account is credited with the Participant's contribution and Company matching contributions, as well as allocations of the Company's profit sharing contribution (if any) and Plan earnings (losses). Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on Participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a Participant is entitled is the benefit that can be provided from the Participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Employer contributions is based upon years of continuous service as follows:

Years of Service	Vesting Percentage
Less than 2	0.00
2 but less than 3	20.00
3 but less than 4	40.00
4 but less than 5	60.00
5 but less than 6	80.00
6 or more	100.00

Administrative expenses

The Plan allows certain administrative expenses to be paid from Plan assets.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the respective investment funds from (to) the Notes Receivable from Participants' Fund. Loan Terms range from one to five years or up to twenty for the purchase, construction, or substantial rehabilitation of a primary residence. The loans are secured by the balance in the Participant's account and bear interest at 6.25%, which commensurate with local prevailing rates as determined quarterly by the Plan Administrator. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installments based upon various factors including the life expectancy of the participant and if elected their beneficiary. Additionally, participants may take an in-service distribution upon reaching age 59 1/2, or if need be are eligible for a hardship withdrawal. For termination of service due to other reasons, a participant may receive the value of the vested interest in their account as a lump-sum distribution within one year.

Forfeited Accounts

Forfeited balances of terminated participant's' non-vested amounts are redirected to a forfeiture account upon the occurrence a forfeiture will occur in the plan year that you receive a distribution of your entire vested account or if you do not receive a distribution, after five consecutive one year breaks in service. At December 31, 2019 and 2018, forfeited non-vested accounts totaled $907 and $654, respectively. These accounts will first be used to pay administrative expenses under the plan. In 2019 and 2018 $0 and $3,200 of these funds, respectively, were used to pay administrative expenses of the plan. Any remaining amounts will be used to reduce future employer contributions.

NOTE 2 -SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

Subsequent events were evaluated through August 4, 2020**,** which is the date the financial statements were available to be issued.

The COVID-19 outbreak in the United States has caused business disruptions through mandated and voluntary closing of multiple Industries. These closures are disrupting supply chains, affecting production, and sales across a range of Industries. The extent of the impact of COVID-19 on our operational and financial performance will depend on certain developments, including the duration, and spread of the outbreak. The Impact on our customers, employees and vendors all of which are uncertain and cannot be predicted. At this point, the extent to which COVID-19 may impact our financial condition or results of operation is uncertain.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Basis of Accounting

The financial statements of the plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

NOTE 2 -SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition
Investments 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. Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisors, and trustee. See Note 3 for discussion of fair value measurements.

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 includes the plan's gains and losses on investments bought and sold as well as 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. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan document.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to the contributions. The plan distributed the 2019 and 2018 excess contributions to the applicable participants prior to March 15, 2020 and 2019, respectively.

Payment of Benefits
Benefits are recorded when paid. There were no benefits requested before year end that were not paid.

Operating Expenses
Certain expenses of maintaining the plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

NOTE 3 -FAIR VALUE MEASUREMENTS

Accounting guidance provides a framework for measuring fair value and 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 are described as follows:

Level 1 Unadjusted quoted prices for identical, unrestricted assets or liabilities in active markets that a plan has the ability to access.

Level 2 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; and inputs that are derived principally from or corroborated by observable market data by correlation or other means for substantially the full term of the assets or liabilities.

NOTE 3 -FAIR VALUE MEASUREMENTS (Continued)

Level 3 Significant unobservable inputs.

The assets 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the applicable methodologies used at December 31, 2019 and 2018. During the year ended December 31, 2019 and 2018 there were no transfers of financial instruments into or out of Level 3. Following is a description of the valuation methodologies used for assets measured at fair value:

Collective investment trust is a stable value fund that is composed primarily of fully benefit responsive investment contracts that are valued at the NAV of units of the collective investment Trust. The NAV is used as a practical expedient to estimate fair value. The practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. Participant directed transfers into a competing investment option must be held in a non-competing investment option for a minimum of 90 days. If the plan initiates a full redemption of the collective investment trust, the issuer reserves the right to require 12 months notification in order to ensure that the securities liquidations will be carried out in an orderly business manner. There are no un-funded commitments as of December 31, 2019 and 2018.

Mutual funds - Valued at quoted market prices which represent the NAV of Shares held by the Plan at year-end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments measured at fair value on a recurring basis consisted of the following types of instruments as of December 31:

	Fair Value Measurements as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Mutual funds and total assets in fair value hierarchy	$8,761,128	$ -	$ -	$8,761,128
Investments measured at net asset value*	-	-	-	-
Investments at fair Value	$8,761,128	$ -	$ -	$8,761,128

	Fair Value Measurements as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds and total assets in fair value hierarchy	$6,866,055	$ -	$ -	$6,866,055
Investments measured at net asset value*	-	-	-	-
Investments at fair Value	$6,866,065	$ -	$ -	$6,866,065

* In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented on the statements of net assets available for benefits.

NOTE 4 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain administrative functions are performed by officers and employees of the Company. No officer or employee receives compensation from the Plan for these services.

Fees incurred by the plan for investment management services are included in net depreciation in fair value of investments, which were not covered by revenue sharing. The Plan also made direct payments to service providers which were not covered by revenue sharing.

Jaufmann & Centola, PC is the auditor of the plan which qualifies as party-in-interest. Fees paid by the Plan sponsor for the audits amounted to $6,800 and $2,900 respectively for the years ended December 31, 2019 and 2018.

NOTE 5 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are 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, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan provides for various investment options in mutual funds. The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Investment contracts are exposed to credit risk of the contract issuer and liquidity is limited because of the unique characteristics of investment contracts and the absence of an actively traded secondary market. Interest rate risk is also present because rates may be fixed with these products. 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 participant's account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 8 - INFORMATION AND CERTIFIED BY TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for reporting and disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown on the statements of net assets available for plan benefits as of December 31, 2019 and 2018;
- Net investment activity as and interest income on notes receivable from participants shown in the statement of changes in net assets available for benefits for the years ended December 31, 2019 and 2018.
- Investment information included in the footnotes and supplemental schedule of assets (held at end of year) as of December 31, 2019 and 2018.

The Plan's Independent Auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information and included in the financial statements and supplemental schedule.

The following information included in the accompanying financial statements and net supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the Trustee, Fidelity Investments.

	2019	2018
Investments, at Fair Value:		
Mutual Funds	$ 8,620,623	$ 6,754,734
Participant Loans	$ 134,463	$ 87,439
Investment Income/(Loss)	$ 1,639,187	$ (570,331)

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	2019	2018
Net Assets available for benefits per the financial statements	$ 8,728,718	$ 6,833,055
Employer Contributions Receivable	-	-
Employee Contributions Receivable	-	-
Corrective Distributions Payable	32,410	9,118
Net assets available for benefits per Schedule H Form 5500	$ 8,761,128	$ 6,842,173

The following is a reconciliation of corrective distributions per the financial statement to the corrective distributions per Schedule H Form 5500

	2019	2018
Total corrective distributions per the financial statement	$ 32,410	$ 9,118
Total corrective distributions payable beginning of the year	9,118	21,566
Total corrective distributions payable end of year	(32,410)	(9,118)
Total corrective distributions per schedule H form 5500	$ 9,118	$ 21,566

SUPPLEMENTARY

INFORMATION

TAMBE ELECTRIC, INC. 401 (K) PLAN 001
16-1011476
SUPPLEMENTAL INFORMATION 2019
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

A	B INVESTMENT	Shares	C Discription	D Cost	Price Per Share	E Current Value
*	Dreyfus S&P 500 Index	3,686.9		$ 180,413	$ 50	$ 185,561
*	Col SM Cap Value II A	6,158.9		95,110	15	92,260
*	Alzgl NFJ Div Val A	7,012.1		90,774	12	81,972
*	PIMCO Inv GRD BD A	824.5		8,855	12	9,004
	Col LG Cap GR OP A	18.0		336	19	334
*	JPM Mid Cap Growth A	4,796.0		127,206	33	156,527
*	AB Intl Value A	2,150.5		27,245	13	28,214
*	FA Lev Co Stock A	2,002.7		82,489	40	79,147
*	FA Strat Income A	11,289.6		137,078	12	138,749
*	FA Small Cap A	3,969.1		93,984	24	94,266
*	FA Real Estate A	3,169.3		66,017	22	69,028
*	FA Freedom 2020 A	4,305.1		53,985	13	57,129
*	FA Freedom 2030 A	61,203.1		805,270	15	888,669
*	FA Freedom 2040 A	102,642.1		1,400,970	15	1,563,239
*	FA Freedom, Inc.	1,273.5		13,899	11	14,060
*	FA New Insights A	5,319.3		142,686	32	170,644
*	FA Emerg Markets A	4,029.9		96,824	28	114,569
*	Freedom 2015 A	88,247.0		1,034,015	12	1,055,433
*	FA Freedom 2025 A	53,884.2		661,771	13	722,049
*	FA Freedom 2035 A	92,355.0		1,165,003	14	1,308,670
*	FA Intl Discovery A	4,067.3		154,130	45	183,803
*	FA Freedom 2045 A	63,233.3		675,742	12	751,843
*	FA Freedom 2050 A	38,271.1		408,229	12	454,661
*	FA Gov Income A	1,464.1		15,352	11	15,373
*	FA Stksel LGCP Val A	4,493.5		77,217	21	95,935
*	FA MID CAP VALUE A	507.3		10,820	23	11,562
*	FA Freedom 2055 A	13,722.4		169,551	13	182,097
*	FA Freedom 2060 A	8,005.4		90,212	12	95,825
*	FID Govt MMKT DM	6,042.0		6,042		6,042
*	Outstanding Loan Balance		6.25%		-	134,463
	TOTAL INVESTMENTS			$ 7,891,225		$ 8,761,128

TAMBE ELECTRIC, INC. 401 (K) PLAN 001
16-1011476
SUPPLEMENTAL INFORMATION 2018
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

A	B INVESTMENT	Shares	C Discription	D Cost	E Current Value
*	Dreyfus S&P 500 Index	2,953.5		$ 142,124	$ 129,865
*	Col SM Cap Value II A	5,806.1		90,282	74,899
*	Alzgl NFJ Div Val A	5,785.2		78,017	63,404
*	PIMCO Inv GRD BD A	177.5		1,807	1,759
*	JPM Mid Cap Growth A	4,473.0		115,977	114,061
*	AB Intl Value A	1,984.1		25,302	22,599
*	FA Lev Co Stock A	1,689.7		70,885	54,375
*	FA High Inc A Adv A	31.3		309	319
*	FA Strat Income A	10,073.2		122,266	116,446
*	FA Small Cap A	3,176.4		76,282	59,271
*	FA Real Estate A	2,781.8		57,295	53,550
*	FA Freedom 2020 A	3,709.6		46,259	44,441
*	FA Freedom 2030 A	54,781.6		714,817	695,727
*	FA Freedom 2040 A	101,637.7		1,373,820	1,316,208
*	FA Freedom, Inc.	1,074.4		11,740	11,088
*	FA New Insights A	4,884.0		127,698	129,427
*	FA Emerg Markets A	3,272.7		76,181	80,541
*	Freedom 2015 A	82,043.9		961,499	900,842
*	FA Freedom 2025 A	50,536.2		619,126	602,392
*	FA Freedom 2035 A	81,447.2		1,017,247	990,398
*	FA Intl Discovery A	3,512.9		131,040	127,485
*	FA Freedom 2045 A	58,659.0		618,662	592,456
*	FA Freedom 2050 A	32,295.3		341,941	325,860
*	FA Gov Income A	728.0		7,560	7,338
*	FA Stksel LGCP Val A	4,164.0		70,696	72,579
*	FA MID CAP VALUE A	239.0		5,999	4,493
*	FA Freedom 2055 A	10,758.2		132,783	120,708
*	FA Freedom 2060 A	4,060.8		45,736	40,973
*	FID Govt MMKT DM	1,320.2		1,230	1,230
*	Outstanding Loan Balance		6.25%		87,439
	TOTAL INVESTMENTS			$ 7,084,580	$ 6,842,173

See Independent Auditors Report and Notes to the Financial Statement.
This Schedule Has been Prepared from Information That Has been Certified as to its Accuricy and Completeness By Fidelity Investments.

TAMBE ELECTRIC, INC 401(k) PLAN

FINANCIAL STATEMENTS

AND

SUPPLEMENTARY INFORMATION

FOR THE YEARS ENDED
DECEMBER 31, 2019 AND 2018

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JAUFMANN & CENTOLA
CERTIFIED PUBLIC ACCOUNTANTS, P.C.

INDEPENDENT AUDITORS' REPORT

To the Trustees
Tambe Electric, Inc. 401(k) Plan
614 Fishers Run
Victor, NY 14564

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Tambe Electric, Inc. 401(k) plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years ended December 31, 2019 and 2018, 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 included 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 audit procedures with respect to the information summarized in Note 8, which was certified by Fidelity Investments, the trustee of the plan, except for comparing such 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 December 31, 2019 and 2018, and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

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.

1000 Pittsford-Victor Road Pittsford, NY 14534
Phone: (585) 248-3630 Fax: (585) 248-2036 www.j-ccpa.com

Other Matter

The supplemental Schedules, Schedule 2019 Schedule H, Line 4I - Schedule of Assets (Held at End of Year) and 2018 Schedule H, Line 4I, Schedule of Assets (Held at End of Year) are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for 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 these supplemental schedules.

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 American 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.

Jaufmann & Centola, PC

JAUFMANN & CENTOLA, P.C.
CERTIFIED PUBLIC ACCOUNTANTS
PITTSFORD, NEW YORK 14534

August 4, 2020

TAMBE ELECTRIC, INC 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

ASSETS

	2019	2018
Assets		
Interest-bearing Cash	$ 6,042	$ 1,230
Investments at Fair Value	8,620,623	6,753,504
Receivables		
Notes Receivable From Participants	134,463	87,439
TOTAL ASSETS	$ 8,761,128	$ 6,842,173

LIABILITIES AND NET ASSETS

	2019	2018
Liabilities		
Corrective Distributions Payable	$ 32,410	$ 9,118
Net Assets Available for Plan Benefits	$ 8,728,718	$ 6,833,055
TOTAL LIABILITIES AND NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	$ 8,761,128	$ 6,842,173

The accompanying notes are an integral part of the financial statements.

TAMBE ELECTRIC, INC 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

	2019	2018
Additions to Net Assets Attributed to		
Contributions		
Employer Contributions	$ 75,506	$ 74,240
Employee Contributions	515,048	503,087
Total Contributions	$ 590,554	$ 577,327
Interest Earned on Loan Security Accounts	6,772	6,454
Interest	39	36
Dividends	551,439	669,272
Net Investment Gains/(Losses)	1,080,937	(1,246,093)
Total Additions	$ 2,229,741	$ 6,996
Deductions from net assets attributed to		
Payments to Participants		
Distributions	$ 293,830	$ 185,741
Corrective Distributions	32,417	9,118
Total Payments to Participants	$ 326,247	$ 194,859
Other Deductions		
General and Administrative Expenses	7,831	10,706
Total Deductions	$ 334,078	$ 205,565
Net Increase	$ 1,895,663	$ (198,569)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	6,833,055	7,031,624
End of year	$ 8,728,718	$ 6,833,055

The accompanying notes are an integral part of the financial statements.

TAMBE ELECTRIC INC 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Tambe Electric, Inc. ("Company") 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. Tambe Electric, Inc. is referred to in the notes as the Company or the Sponsor.

General

The Plan (which is a 401(k) plan) is a defined contribution plan covering all employees of the Company who have one year of service with the Company having worked more than 1,000 hours that year and having obtained the age of 21. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by a committee appointed by the Company. Third Party Administrators (the Trustee) serves as the Trustee of the Plan, maintains the records of the participant data and holds the Plan assets.

Contributions

Each year, Participants may contribute up to 75% of eligible compensation up to the maximum permitted by law (Code Section 401(k)) in pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company contributes 25% of the deferral capped at 6% of eligible compensation. Participants direct the investment of their employer match into various investment options offered by the Plan.

Additional profit sharing amounts may be contributed at the option of the Company's Board of Directors.

Contributions are subject to certain IRS limitations.

Participant Accounts

Each Participant's account is credited with the Participant's contribution and Company matching contributions, as well as allocations of the Company's profit sharing contribution (if any) and Plan earnings (losses). Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on Participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a Participant is entitled is the benefit that can be provided from the Participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Employer contributions is based upon years of continuous service as follows:

Years of Service	Vesting Percentage
Less than 2	0.00
2 but less than 3	20.00
3 but less than 4	40.00
4 but less than 5	60.00
5 but less than 6	80.00
6 or more	100.00

Administrative expenses

The Plan allows certain administrative expenses to be paid from Plan assets.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the respective investment funds from (to) the Notes Receivable from Participants' Fund. Loan Terms range from one to five years or up to twenty for the purchase, construction, or substantial rehabilitation of a primary residence. The loans are secured by the balance in the Participant's account and bear interest at 6.25%, which commensurate with local prevailing rates as determined quarterly by the Plan Administrator. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installments based upon various factors including the life expectancy of the participant and if elected their beneficiary. Additionally, participants may take an in-service distribution upon reaching age 59 1/2, or if need be are eligible for a hardship withdrawal. For termination of service due to other reasons, a participant may receive the value of the vested interest in their account as a lump-sum distribution within one year.

Forfeited Accounts

Forfeited balances of terminated participant's' non-vested amounts are redirected to a forfeiture account upon the occurrence a forfeiture will occur in the plan year that you receive a distribution of your entire vested account or if you do not receive a distribution, after five consecutive one year breaks in service. At December 31, 2019 and 2018, forfeited non-vested accounts totaled $907 and $654, respectively. These accounts will first be used to pay administrative expenses under the plan. In 2019 and 2018 $0 and $3,200 of these funds, respectively, were used to pay administrative expenses of the plan. Any remaining amounts will be used to reduce future employer contributions.

NOTE 2 -SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

Subsequent events were evaluated through August 4, 2020**,** which is the date the financial statements were available to be issued.

The COVID-19 outbreak in the United States has caused business disruptions through mandated and voluntary closing of multiple Industries. These closures are disrupting supply chains, affecting production, and sales across a range of Industries. The extent of the impact of COVID-19 on our operational and financial performance will depend on certain developments, including the duration, and spread of the outbreak. The Impact on our customers, employees and vendors all of which are uncertain and cannot be predicted. At this point, the extent to which COVID-19 may impact our financial condition or results of operation is uncertain.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Basis of Accounting

The financial statements of the plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

NOTE 2 -SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition
Investments 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. Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisors, and trustee. See Note 3 for discussion of fair value measurements.

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 includes the plan's gains and losses on investments bought and sold as well as 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. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan document.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to the contributions. The plan distributed the 2019 and 2018 excess contributions to the applicable participants prior to March 15, 2020 and 2019, respectively.

Payment of Benefits
Benefits are recorded when paid. There were no benefits requested before year end that were not paid.

Operating Expenses
Certain expenses of maintaining the plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

NOTE 3 -FAIR VALUE MEASUREMENTS

Accounting guidance provides a framework for measuring fair value and 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 are described as follows:

Level 1 Unadjusted quoted prices for identical, unrestricted assets or liabilities in active markets that a plan has the ability to access.

Level 2 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; and inputs that are derived principally from or corroborated by observable market data by correlation or other means for substantially the full term of the assets or liabilities.

NOTE 3 -FAIR VALUE MEASUREMENTS (Continued)

Level 3 Significant unobservable inputs.

The assets 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the applicable methodologies used at December 31, 2019 and 2018. During the year ended December 31, 2019 and 2018 there were no transfers of financial instruments into or out of Level 3. Following is a description of the valuation methodologies used for assets measured at fair value:

Collective investment trust is a stable value fund that is composed primarily of fully benefit responsive investment contracts that are valued at the NAV of units of the collective investment Trust. The NAV is used as a practical expedient to estimate fair value. The practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. Participant directed transfers into a competing investment option must be held in a non-competing investment option for a minimum of 90 days. If the plan initiates a full redemption of the collective investment trust, the issuer reserves the right to require 12 months notification in order to ensure that the securities liquidations will be carried out in an orderly business manner. There are no un-funded commitments as of December 31, 2019 and 2018.

Mutual funds - Valued at quoted market prices which represent the NAV of Shares held by the Plan at year-end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments measured at fair value on a recurring basis consisted of the following types of instruments as of December 31:

	Fair Value Measurements as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Mutual funds and total assets in fair value hierarchy	$8,761,128	$ -	$ -	$8,761,128
Investments measured at net asset value*	-	-	-	-
Investments at fair Value	$8,761,128	$ -	$ -	$8,761,128

	Fair Value Measurements as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds and total assets in fair value hierarchy	$6,866,055	$ -	$ -	$6,866,055
Investments measured at net asset value*	-	-	-	-
Investments at fair Value	$6,866,065	$ -	$ -	$6,866,065

* In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented on the statements of net assets available for benefits.

NOTE 4 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain administrative functions are performed by officers and employees of the Company. No officer or employee receives compensation from the Plan for these services.

Fees incurred by the plan for investment management services are included in net depreciation in fair value of investments, which were not covered by revenue sharing. The Plan also made direct payments to service providers which were not covered by revenue sharing.

Jaufmann & Centola, PC is the auditor of the plan which qualifies as party-in-interest. Fees paid by the Plan sponsor for the audits amounted to $6,800 and $2,900 respectively for the years ended December 31, 2019 and 2018.

NOTE 5 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are 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, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan provides for various investment options in mutual funds. The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Investment contracts are exposed to credit risk of the contract issuer and liquidity is limited because of the unique characteristics of investment contracts and the absence of an actively traded secondary market. Interest rate risk is also present because rates may be fixed with these products. 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 participant's account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 8 - INFORMATION AND CERTIFIED BY TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for reporting and disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown on the statements of net assets available for plan benefits as of December 31, 2019 and 2018;
- Net investment activity as and interest income on notes receivable from participants shown in the statement of changes in net assets available for benefits for the years ended December 31, 2019 and 2018.
- Investment information included in the footnotes and supplemental schedule of assets (held at end of year) as of December 31, 2019 and 2018.

The Plan's Independent Auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information and included in the financial statements and supplemental schedule.

The following information included in the accompanying financial statements and net supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the Trustee, Fidelity Investments.

	2019	2018
Investments, at Fair Value:		
Mutual Funds	$ 8,620,623	$ 6,754,734
Participant Loans	$ 134,463	$ 87,439
Investment Income/(Loss)	$ 1,639,187	$ (570,331)

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	2019	2018
Net Assets available for benefits per the financial statements	$ 8,728,718	$ 6,833,055
Employer Contributions Receivable	-	-
Employee Contributions Receivable	-	-
Corrective Distributions Payable	32,410	9,118
Net assets available for benefits per Schedule H Form 5500	$ 8,761,128	$ 6,842,173

The following is a reconciliation of corrective distributions per the financial statement to the corrective distributions per Schedule H Form 5500

	2019	2018
Total corrective distributions per the financial statement	$ 32,410	$ 9,118
Total corrective distributions payable beginning of the year	9,118	21,566
Total corrective distributions payable end of year	(32,410)	(9,118)
Total corrective distributions per schedule H form 5500	$ 9,118	$ 21,566

SUPPLEMENTARY

INFORMATION

TAMBE ELECTRIC, INC. 401 (K) PLAN 001
16-1011476
SUPPLEMENTAL INFORMATION 2019
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

A	B INVESTMENT	Shares	C Discription	D Cost	Price Per Share	E Current Value
*	Dreyfus S&P 500 Index	3,686.9		$ 180,413	$ 50	$ 185,561
*	Col SM Cap Value II A	6,158.9		95,110	15	92,260
*	Alzgl NFJ Div Val A	7,012.1		90,774	12	81,972
*	PIMCO Inv GRD BD A	824.5		8,855	12	9,004
	Col LG Cap GR OP A	18.0		336	19	334
*	JPM Mid Cap Growth A	4,796.0		127,206	33	156,527
*	AB Intl Value A	2,150.5		27,245	13	28,214
*	FA Lev Co Stock A	2,002.7		82,489	40	79,147
*	FA Strat Income A	11,289.6		137,078	12	138,749
*	FA Small Cap A	3,969.1		93,984	24	94,266
*	FA Real Estate A	3,169.3		66,017	22	69,028
*	FA Freedom 2020 A	4,305.1		53,985	13	57,129
*	FA Freedom 2030 A	61,203.1		805,270	15	888,669
*	FA Freedom 2040 A	102,642.1		1,400,970	15	1,563,239
*	FA Freedom, Inc.	1,273.5		13,899	11	14,060
*	FA New Insights A	5,319.3		142,686	32	170,644
*	FA Emerg Markets A	4,029.9		96,824	28	114,569
*	Freedom 2015 A	88,247.0		1,034,015	12	1,055,433
*	FA Freedom 2025 A	53,884.2		661,771	13	722,049
*	FA Freedom 2035 A	92,355.0		1,165,003	14	1,308,670
*	FA Intl Discovery A	4,067.3		154,130	45	183,803
*	FA Freedom 2045 A	63,233.3		675,742	12	751,843
*	FA Freedom 2050 A	38,271.1		408,229	12	454,661
*	FA Gov Income A	1,464.1		15,352	11	15,373
*	FA Stksel LGCP Val A	4,493.5		77,217	21	95,935
*	FA MID CAP VALUE A	507.3		10,820	23	11,562
*	FA Freedom 2055 A	13,722.4		169,551	13	182,097
*	FA Freedom 2060 A	8,005.4		90,212	12	95,825
*	FID Govt MMKT DM	6,042.0		6,042		6,042
*	Outstanding Loan Balance		6.25%		-	134,463
	TOTAL INVESTMENTS			$ 7,891,225		$ 8,761,128

TAMBE ELECTRIC, INC. 401 (K) PLAN 001
16-1011476
SUPPLEMENTAL INFORMATION 2018
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

A	B INVESTMENT	Shares	C Discription	D Cost	E Current Value
*	Dreyfus S&P 500 Index	2,953.5		$ 142,124	$ 129,865
*	Col SM Cap Value II A	5,806.1		90,282	74,899
*	Alzgl NFJ Div Val A	5,785.2		78,017	63,404
*	PIMCO Inv GRD BD A	177.5		1,807	1,759
*	JPM Mid Cap Growth A	4,473.0		115,977	114,061
*	AB Intl Value A	1,984.1		25,302	22,599
*	FA Lev Co Stock A	1,689.7		70,885	54,375
*	FA High Inc A Adv A	31.3		309	319
*	FA Strat Income A	10,073.2		122,266	116,446
*	FA Small Cap A	3,176.4		76,282	59,271
*	FA Real Estate A	2,781.8		57,295	53,550
*	FA Freedom 2020 A	3,709.6		46,259	44,441
*	FA Freedom 2030 A	54,781.6		714,817	695,727
*	FA Freedom 2040 A	101,637.7		1,373,820	1,316,208
*	FA Freedom, Inc.	1,074.4		11,740	11,088
*	FA New Insights A	4,884.0		127,698	129,427
*	FA Emerg Markets A	3,272.7		76,181	80,541
*	Freedom 2015 A	82,043.9		961,499	900,842
*	FA Freedom 2025 A	50,536.2		619,126	602,392
*	FA Freedom 2035 A	81,447.2		1,017,247	990,398
*	FA Intl Discovery A	3,512.9		131,040	127,485
*	FA Freedom 2045 A	58,659.0		618,662	592,456
*	FA Freedom 2050 A	32,295.3		341,941	325,860
*	FA Gov Income A	728.0		7,560	7,338
*	FA Stksel LGCP Val A	4,164.0		70,696	72,579
*	FA MID CAP VALUE A	239.0		5,999	4,493
*	FA Freedom 2055 A	10,758.2		132,783	120,708
*	FA Freedom 2060 A	4,060.8		45,736	40,973
*	FID Govt MMKT DM	1,320.2		1,230	1,230
*	Outstanding Loan Balance		6.25%		87,439
	TOTAL INVESTMENTS			$ 7,084,580	$ 6,842,173

See Independent Auditors Report and Notes to the Financial Statement.
This Schedule Has been Prepared from Information That Has been Certified as to its Accuricy and Completeness By Fidelity Investments.